EXHIBIT 56

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF OHIO

EASTERN DIVISION

IN RE NATIONAL PRESCRIPTION OPIATE LITIGATION	MDL No. 2804
	Case No. 17-md-2804
This document relates to: All Cases	Hon Dan A. Polster

HIGHLY CONFIDENTIAL

SUBJECT TO FURTHER CONFIDENTIALITY REVIEW

The 30(b)(6) videotaped deposition of ALLERGAN by and through MARY WOODS, called for examination, taken pursuant to the Federal Rules of Civil Procedure of the United States District Courts pertaining to the taking of depositions, taken before JULIANA F. ZAJICEK, a Registered Professional Reporter and a Certified Shorthand Reporter, at Lieff Cabraser Heimann & Bernstein, 8th Floor, 250 Hudson Street, New York, New York, on January 9, 2019, at 9:10 a.m.

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I N D E X

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E X H I B I T S

E X H I B I T S (Continued)

ALLERGAN 30(b)(6) - WOODS EXHIBIT No. 7	Watson Pharma, Inc. Licenses Administrator Operational Procedure, 5/3/04; ALLERGAN_MDL_03952774 - 793	MARKED FOR ID 9
No. 8	CSOP, Sales & Marketing, 4/7/09; ALLERGAN_MDL_03641386 - 389	9
No. 9	CSOP; ALLERGAN_MDL_02467151 - 154	9
No. 10	CSOP 011-004, Rev. # 4, Sales & Marketing, 7/19/11; ALLERGAN_MDL_02146521 - 525	9
No. 11	Call Center Operations - Master Data/License Admin. Operational Procedure, 5/3/04; ALLERGAN_MDL_01175574 - 585	9
No. 12	E-mail chain, top one from Nancy Baran to John LaRocca, among others, 8/18/09, Subject: FW: Suspicious Orders; ALLERGAN_MDL_02081243 - 245	9
No. 13	Suspicious Order Report; ALLERGAN_MDL_02129514	9
No. 14	Suspicious Order Report for Oxycodone IR Tablets, Standard Operating Procedure, Commercial; ALLERGAN_MDL_00490306	9
No. 15	Actavis Suspicious Order Monitoring - Direct Customer Sales SOP; ALLERGAN_MDL_01684748 - 752	9
No. 16	Actavis Suspicious Order Monitoring - Indirect Customer Sales SOP; ALLERGAN_MDL_01979834 - 838	9

E X H I B I T S (Continued)

E X H I B I T S (Continued)

(WHEREUPON, certain documents were marked Allergan 30(b)(6) - Woods Deposition Exhibit Nos. 1 through 25, for identification, as of 01/09/2019.)

THE VIDEOGRAPHER: We are now on the record. My name is Eric Davidson. I am the videographer for Golkow Litigation Services.

Today's date is Wednesday, January 9th, 2019, and the time is approximately 9:10 a.m.

This video deposition is being held in 250 Hudson Street, 8th Floor, New York, New York in the matters of National Prescription Opiate Litigation for the United States District Court, Northern District of Ohio.

The deponent is Mary Wood.

Please note counsel will be noted on the stenographic record.

At this time the court reporter can now swear in the witness.

THE WITNESS: My last name has an "S" on it, just so you know.

THE VIDEOGRAPHER: I apologize.

(WHEREUPON, the witness was duly

sworn.)

MARY WOODS,

called as a witness herein, having been first duly sworn, was examined and testified as follows:

EXAMINATION

BY MR. EGLER:

Q. Ms. Woods, thanks for coming in today. My name is Tom Egler. I am from a law firm called Robbins Geller Rudman & Dowd, and we represent Plaintiffs in this case.

Before we get going, I'm just going to note for the record that your counsel has handed us a number of exhibits today and we'll be going through a number of them, but I want to note that Exhibit 25 will be a compendium of the first 24 exhibits. And as we go through 1 through 24, to the extent there are people reading this after the fact, Exhibit 25 will be a compendium of all 24 previous ones.

With that said, I'll hand you Exhibit 26, or I'll mark it.

(WHEREUPON, a certain document was marked Allergan 30(b)(6) - Woods Deposition Exhibit No. 26, for identification, as of 01/09/2019.)

BY MR. EGLER:

Q. There you go.

And, Ms. Woods, could you look at Exhibit 26, and after you've looked at it, tell me whether you've ever seen it before?

A. I can't recall reading this exact document, but I understand the subjects that I'm supposed to speak of are contained within this document.

Q. Okay. Great.

If you just want to hold on to that for a second, I'm just going to ask you some preparatory questions.

Ms. Woods, where do you work now?

A. I work in Madison, New Jersey.

Q. All right. And for what company do you work?

A. I work for Allergan Finance, LLC.

Q. Does Allergan Finance, LLC, as you understand it, have a parent company?

A. I would say the parent company would be Allergan PLC.

Q. All right. Do you know anyone who works for Allergan PLC directly?

A. It is not an operational company, as far as I understand.

Q. And when you say that, does that mean you don't understand that they have any employees, or something else?

A. I believe Stephen Kaufhold probably spoke about the entities under PLC, so I understand the division that I work for and the operational divisions but not necessarily how the entities are set up that he would have spoken to.

Q. All right. Ms. Woods, do you have an understanding that today you are here to testify on behalf of an entity or entities?

A. Yes, I do.

Q. What entities are you here to testify on behalf of?

A. Allergan Finance, LLC, formerly known as Actavis, Inc., formerly Watson Pharmaceuticals. I will also -- I -- not that I'm a company representative for former affiliates, but to the best of my abilities, I would also speak to those or answer questions.

Q. And what is your current position at Allergan Finance, LLC?

A. I'm executive director of customer relations operations.

Q. So as executive director of customer relations, is it slash operations or dash operations?

A. No. It's one title.

Q. Okay.

A. Customer relations operations.

Q. As executive director of customer relations operations, what are your job duties?

A. My job duties are overseeing a few different departments within the organization.

Q. And what departments are those?

A. Customer service for the US, customer master and licensing for the US, and order management for the US.

Q. When you use that term "order management," what does the order management group at Allergan Finance, LLC do?

A. We manage order limits of the products. We have a tool called ValueCentric and we monitor the orders as they come into the system for inventory management levels and we process the orders.

Q. When you say you monitor the orders, why do you monitor the orders that come in?

A. We have distribution supply agreements with our customers and they are required to stay within particular inventory levels that obviously continues to manage the inventory that we have with inside of the company. So it is really an inventory management type of system.

Q. So, have you ever been deposed before, Ms. Woods?

A. Yes. One time.

Q. When?

A. At the second company, I -- this is my third job, my second company I was with.

Q. What was the name of the company you were with when you were --

A. Sun Process Converting.

Q. Sun Process Converting?

A. Correct.

Q. Do you -- do you remember about when the deposition took place?

Let me ask it this way. Was it before the year 2000?

A. Yes.

Q. All right. So was it in the State of California?

A. No, it was not.

Q. Okay. What state was it in?

A. Illinois.

Q. All right. So, at some point in your career you started working for an entity called Watson, is that right?

A. That is correct.

Q. When did you start working for Watson?

A. It would have been 1998.

Q. Okay. When you started working at Watson, do you remember what division or subdivision you worked in at Watson?

Let me put it this way. Can you describe the part of the company that you worked in as you would think of it?

A. I would have worked under -- I believe I would have worked -- I don't remember all of the entities, I have to be honest with you, because it was such a long time ago. I believe I would have worked under Watson Pharmaceuticals.

Q. So when you worked at Watson, where did you physically work?

A. Initially I worked in Illinois.

Q. And then did that change at some point?

A. Yes. I was relocated to California.
Q. All right. And then after some point did you leave California?
A. Yes, I did.
Q. Okay.
A. In 19 -- about five years ago. I was in California 14 years.
Q. When you think about your time at Watson in Illinois and California and now -- well, in Illinois and California, did you have any -- let me start over.
As you think of your time at Watson in Illinois and California, was any part of your job related to the -- related to the drugs covered by the Controlled Substances Act, as you remember?
A. Yes.
Q. What part of your job was related to drugs under the Controlled Substances Act?
A. In California, under call center operations, we had customer master and licensing that reported in to me and that covered suspicious order monitoring.
Q. And did those responsibilities start when you started in California?

A. Yes, um-hum.

Q. Do you remember about what time you started working for Watson in California?

A. I started at Watson in California in 1999.

Q. All right. So let's move into this document that I've marked as Exhibit 26.

And can you turn to what is marked as Page 6 of the exhibit. And just to be sure, there isn't any writing on your copy, is there?

A. No, there is not.

Q. Good.

So, now, can you look at the topics that are listed there at 5, 6 and the beginning of Topic 8, and can you just read them to yourself.

All right. So Topic No. 5 is identification of your policies and procedures concerning your duties under the CSA or local and -- or state and local laws and regulations concerning the diversion of opioids as well as any persons or committees tasked with detecting diversion of opioids or suspicious orders and whether the person's compensation was based in whole or in part on levels of sales of controlled substances or opioid products.

Have you prepared prior to today to

discuss this issue on behalf of your current employer?

A. Yes.

Q. All right. So there is a term there that says "diversion of opioids."

Do you see that?

A. Yes, I do.

Q. In the context of your work, what does that term mean to you?

A. So diversion of opioids under the CSA would mean that we would have systems and processes in place to -- the best to follow the rules and regulations to avoid diversion of opioids. And also, if there was any suspect orders to report those to the DEA.

Q. Okay.

When you -- when you use that term "diversion" in the context of your work, what does that mean?

A. Diversion to me would mean that it would get diverted out of the supply chain to illicit people, to illicit behavior. Meaning that it would not be used for what it was intended to be used for.

Q. All right. So thinking about Exhibit 5, your counsel has handed me and you and a number of

other people a document that we'll call, if you can hand me your copy, we'll put a -- I'll write on here Exhibit 27 with the understanding that at the break we are going to have essentially identical copies of this document.

(WHEREUPON, a certain document was marked Allergan 30(b)(6) - Woods Deposition Exhibit No. 27, for identification, as of 01/09/2019.)

BY MR. EGLER:

Q. But have you seen what I've marked as Exhibit 27 before?

A. Yes. I helped prepare this.

Q. Okay. So how does Exhibit 27 that I've just marked relate to the answer that you have for Topic No. 5?

MS. LEVY: Well, object to the form of that question.

BY THE WITNESS:

A. We have prepared, so what we did is list the policies that relate to the regulations concerning diversion of opioids, anti-diversion of opioids, and also the comments on compensation section.

BY MR. EGLER:

Q. Okay. And so does the part that relates to Topic No. 5 cover the first three pages of this Exhibit 27?

A. It does.

Q. So let's go through this for a little bit.

The first one there are five columns listed on the page. The first one is just the number, the second is the topic, and the third one, it says, Documents and Notes and underneath is Policies and Procedures.

Do you see that there?

A. Yes, I do.

Q. So what does the data in the Policy -- Policies and Procedures column mean?

A. These were policies that we identified that address the topic of the regulations that we were following under the diversion of opioids.

Q. And with regard to these various policies that are listed here, how did you go about finding them?

A. So we did -- obviously we did a computer search in all of my network files on my computer, we also went through all of my meeting notes, e-mails, other people that we identified within the company

that would have information. We met with people, we interviewed different people in the company that had responsibilities and the affiliate companies. We went through any type of meeting minutes, documents. We went through our monitoring systems, anything and everything that had to do with the suspicious order monitoring programs that we could come up with.

Q. All right. And then the next column over is listed as primary persons.

And what is the data that is listed under that column?

A. So, those are the identifications of the people that had responsibilities under the policies and procedures or to help identify suspect orders as we identified it under this topic. And so we listed the primary people that had responsibilities.

Q. Okay. So one of the corporate names that's listed under Primary Persons, about a third of the way down the page on the first page of Exhibit 27, is Actavis Inc. and there is no comma there. Earlier today you had pointed out that there is an entity known as Actavis, Inc.

Do you recognize a difference between those entities?

A. Absolutely.

Q. Okay. What is the difference as you think about it between those two entities?

A. Actavis Inc. was prior to Watson purchasing Actavis and then Actavis, Inc. was the name after Watson purchased Actavis.

Q. All right. So, and then moving over to the right-hand column, it says, "preparation work done."

What does the data in that column represent?

A. In order to be prepared to respond to all of these questions and give you as much information as we could possibly find, we conducted all of this different preparation work. I think personally I did between 80 and 100 hours myself just to prepare.

Q. Okay. When did you start preparing?

A. I want to say, maybe, May, June of last year.

Q. And who -- did anyone who works for you at Allergan help you prepare? Rather than you interviewing them, did anyone who works at Allergan help you prepare for this -- this project?

A. I wouldn't say anybody inside of the

company. Obviously I got guidance from Jenny and obviously Kaitlyn, but I think I probably helped them a lot to tell them where information would be and which company, what systems. I think -- I mean, they gave me guidance, but I probably told them what systems, what files, what policies pertained, who in the company would be the right people to get ahold of, so on and so forth.

Q. All right. And Jenny and Kaitlyn that you referred to are your counsel who are here today, is that right?

A. That is correct.

Q. All right. So let's go through these, under the Primary Persons column on the first page of Exhibit 27 there are, again, these entity names, Watson Pharmaceuticals, Inc.

A. Uh-huh.

Q. As you think of it, what is or was Watson Pharmaceuticals, Inc.?

A. So, Watson Pharmaceuticals, Inc. was the company that actually did all of the purchasing of the rest of the companies. They were the first company in existence. And they purchased Actavis Inc. After they purchased Actavis Inc., the name changed to

Actavis, Inc. Actavis, Inc. then purchased Allergan and the company's name changed to Allergan.

Q. Okay. But as you think of it, this -- for lack of a better term, the surviving entity throughout all of these mergers is what was formerly known as Watson Pharmaceuticals, Inc., is that right?

A. Well, after -- after the purchase -- after the purchase of Allergan and the change of the name to Allergan, Allergan sold the generic divisions, which would have been all of the products under -- all of the generic products under Watson Pharmaceutical and all of the generic products under Actavis Inc. to Teva.

Q. Okay.

A. So I don't know if you could say "the surviving" because it's not actually -- Allergan Finance, LLC does not own generic products at this point.

Q. So, as you understand it, all three of these entities that are listed on the first page of Exhibit 27, Watson Pharmaceuticals, Inc., Actavis Inc., and Allergan Finance, LLC all sold or currently sell opioid prescription drugs, is that right?

A. That would be correct.

Q. Do you have recollection of -- well, let's start with Allergan Finance, LLC.

Does Allergan Finance, LLC currently sell any opioid prescription drugs?

A. Two.

Q. Okay. Which ones?

A. Kadian and Norco.

Q. All right. And those are both -- well, I guess, brand name drugs?

A. Yes, they are. Correct.

Q. And we just used the term "brand name" and I think you had earlier used the term "generics" as common names.

As you think about those two terms, is there any other way to describe a drug other than being a generic or brand name as you think about it in that context?

A. I do -- I don't think so. I think that would be relevant.

Q. Okay. Okay. And then there is Actavis Inc., and with the understanding that the generics, as you described, were at some point sold off, including those generics prior to the divestment, do you have an understanding of what -- let me start

over.

Right now -- because I asked this wrong.

Right now Actavis LLC sells those -- those two brand name drugs, Kadian and Norco. Earlier they sold more than that, is that right?

MS. LEVY: You said Actavis LLC, I think you --

BY MR. EGLER:

Q. I'm sorry.

Currently Allergan Finance, LLC sells two brand name opioid prescription drugs, but they have sold more than that in the past, is that correct?

A. I don't think under Allergan Finance, LLC they did.

Q. Okay.

A. It would have been under Actavis, Inc.

Q. Okay. So under Actavis, Inc., what -- can you give me a listing of all the opioid prescription drugs, generic and brand name that were sold?

A. I would like to think my memory was that good, but I doubt very much I could do that.

Q. Okay.

A. There were more than Kadian and Norco, but I wouldn't have that list off the top of my head.

Q. Okay. Are you aware whether -- well, how

about for Watson Pharmaceuticals, Inc., do you have a memory of what opioid prescription drugs Watson Pharmaceuticals, Inc. sold while you were there?

A. I mean, I -- I would be able to recall a few of them, but I don't know if I could recall all of them.

Q. Okay.

A. Because Kadian and Norco both have generic products as well, right. So the generic products for both Kadian and Norco were sold by Actavis, Inc. and the generic for Norco would have been sold under Watson Pharmaceuticals, and there were most likely a couple additional under Actavis, Inc. as well, but I may just not know what they are.

Q. And Watson Pharmaceuticals, Inc. sold generic Kadian, is that right?

A. No, that would have been -- they -- they could have, but I'm most familiar with it under Actavis, Inc., because Kadian was brought into the company at the acquisition of Actavis Inc. and that's the time that we also had the generic product, but I do believe there was an overlap on one of the products. I just can't remember if that was the one.

Q. Okay. And I appreciate you putting it

that way, because today isn't supposed to be like a trivia test. It's supposed to get questions and answers. And there will be an opportunity if -- if you don't have information, for me to ask your counsel for it. So I appreciate the effort that you've made to get prepared for today and -- and if you don't have the answers, you know, just tell me and that's fine.

A. That's -- yeah.

Q. All right.

MS. LEVY: And just for the record, those questions about product entity and product lists are beyond the scope of Topic 5.

BY MR. EGLER:

Q. For the three entities that are listed here, Watson Pharmaceuticals, Inc., Actavis Inc., and Allergan Finance, LLC, they did all sell opioid prescription drugs, is that right?

A. That is correct.

Q. So, beyond the opioid prescription drugs, did these three entities sell other controlled substances?

A. Yes.

Q. Okay. As you think of it, with Watson Pharmaceuticals, Inc., beyond the opioid prescription

drugs, what other controlled substances did Watson Pharmaceuticals, Inc. sell?

A. They sold Schedules III through V, I believe. I -- I don't have a complete list of everything, but they do sell other schedules other than C-IIs that were opioids.

Q. And just to be clear, are opioids the only drugs on Schedule II of the Controlled Substances Act?

A. I do not believe so.

Q. Okay. Do you have memory as to whether Watson Pharmaceuticals, Inc. sold any non-opioid drugs that were listed as Schedule II on the Controlled Substances Act?

A. I -- I really can't recall.

Q. Okay. So for the suspicious order monitoring systems that we are talking about today, do you remember whether any drugs other than opioids were required to use the suspicious order monitoring systems?

A. Every -- every controlled substance went through SOMS, every control, C-II through C-V.

Q. All right. So with regard to -- so we are talking about the various levels of controlled substance, Schedules II through V, and we've been

talking about brand name and opioid drugs, right?

And so you had said that every opioid -- every controlled substance has to go through a suspicious order monitoring system?

A. That's correct.

Q. And does -- as you think about it, does every opioid in your experience at Watson, Actavis Inc. and Allergan Finance, LLC -- let me start over.

In your experience at Watson, Actavis and Allergan Finance, LLC, did every controlled substance go through the same suspicious order monitoring system?

A. So let me just make one clarification. Allergan Finance, LLC is not a DEA registrant. So let's just stop with that one --

Q. Uh-huh.

A. -- for one second, okay.

Q. Let me -- before we get -- Actavis, Inc. was a DEA registrant, right?

A. Actavis, Inc. was a DEA registrant. Allergan Finance, LLC is not a DEA registrant.

Q. Okay.

A. Okay.

Watson Pharmaceuticals, Inc. had a

different suspicious monitor ordering system than Actavis Inc. because they were separate companies.

Q. So, at Watson Pharmaceuticals you testified that there were Schedule II through V controlled substances at the company.

Did all of the controlled substances go through the same suspicious order monitoring system or was there a different SOM for each drug or something else?

A. Every controlled substance goes through. The CSA doesn't differentiate that you can be more lenient on some controlleds than others.

Q. All right.

A. They all go through the same suspicious order monitoring system.

Q. All right. And do you have an understanding as to whether that was the case at Actavis no comma Inc. as well?

A. My understanding is that that was the same for Actavis Inc. as well.

Q. And how about for Actavis comma Inc.?

A. Yes, same for them as well.

Q. All right. So for all three of these entities with the understanding that the third is

Actavis, Inc., not Allergan Finance, LLC, each of them had at any given time one suspicious order monitoring system that every Controlled Substances Act-eligible drug would have been processed through, is that right?

A. That is correct.

Q. All right.

So, with regard to your time at Watson Pharmaceuticals, Inc., when you think of the volume of drugs going through the suspicious order monitoring system, about what percentage of the volume was made up by prescription opioid drugs?

MS. LEVY: Objection; far beyond the scope of the corporate representative topics.

You can answer to the extent you know.

BY THE WITNESS:

A. I can give you an idea of maybe the percent that pended, if that will help. In some years, I mean, we did do metrics, I can give you an idea, so an average amount that pended of the orders was probably between 30 and 40 percent.

BY MR. EGLER:

Q. When you say the "amount that pended," what does that mean?

A. That would mean that it would block in our

system by one of the parameters that were set up and it would have to be reviewed and investigated.

Q. Do you have an understanding with regard to Actavis Inc. what the volume of prescription opioids drugs was with regard to their entire volume being passed through the suspicious order monitoring system?

MS. LEVY: Object to the form.

You can answer.

BY THE WITNESS:

A. I'm sorry. Can you rephrase that? Are you -- are you looking for the same answer?

BY MR. EGLER:

Q. Yes, for -- the same question for Actavis Inc.

A. Their system worked different, so I don't necessarily have a percent of -- of orders that were controlled substances. Their system worked different and their reports were different and it was an inventory management/order management -- order management SOMS report, so it was different, so I -- I can't really give you a percent.

Q. And how about for Actavis Inc., do you have an understanding of --

A. Actavis Inc. system was the same system as the Watson system.

Q. So would it be fair to say, as you think of it, about 30 percent of the drugs that were pended were prescription opioid drugs, is that fair to say?

A. No, I think that that's not the right context, so --

Q. Okay. Good.

A. -- let me clarify that for you.

What we did is the metric was, of these controlled substance orders that came in -- of the controlled substance orders that came in, how many pended, it -- because all controlleds went through the system, it didn't say how many were opioids. It said how many controlled substance orders pended that needed to be reviewed.

Q. Uh-huh.

A. Of the controlled substance orders that came into the system, the percent that pended would have been around 30 percent or so. Okay. It doesn't really say how many of those orders contained opioids, because remember, our controlled substance system monitors all controlled substances, not just opioids.

Q. Okay.

A. So I can't give you a percent that says, this many orders had opioids on them.

Q. Okay. All right.

All right. Let's move on in this Exhibit 27 to Page 4. And at the top left corner of the page there is Column 6 and then there is a topic and I'll read the topic into the record.

"Identifications of your policies and procedures for, and the identities of all persons responsible for, monitoring suspicious orders or potential diversion of opioids or opioid products or for auditing or investigating suspicious orders or potential diversion of opioids or opioid products and (a) identification of your systems or processes to disclose suspicious orders of opioids or report potential diversion of opioids or opioid products; and (b) identification of your systems or processes to report or halt sales to those involved in any suspicious orders of opioids or opioid products or potential diversion of opioids or opioid products. This topic also seeks information regarding any and all third parties, including UPS or any other third party, that took" -- "performed these functions on your behalf as well as all persons who interacted with

UPS or any third party."

So this is the second topic that you have been designated to testify about, is that correct?

A. That's correct.

Q. Did the work that you do -- did the work that you did to prepare for this topic -- well, what did you do to prepare for this topic?

A. So, again, based on the topic, we went through and evaluated all of the policies that were relevant to the topic. Also, all of the people that were relevant to the topic, and then identified all of the people that we would have needed to discuss this topic with to make sure that we had all of the correct information, went through my computer, all of my network files, the same as we did for the first topic. We prepared equally for this topic.

Q. So on the fifth column on this Page 4 of Exhibit 27, at the top it says, "UPS contracts."

Do you see that there?

A. Yes, I do.

Q. So what is UPS in the context of that column?

A. UPS is a third-party distributor DEA registrant. In the context of -- so each company was

different, but they are a third-party distributor, so that's what those contracts are related to.

Q. And I -- I want to clarify a word that you used. In the context of this case, there are entities known as distributors and it is like McKesson and AmerisourceBergen and Cardinal Health.

Is -- as you think of it, is UPS the same type of distributor as McKesson or Cardinal Health?

A. They're -- in the context that we would be using it today, they were a -- they were retained with a master service agreement to warehouse and distribute the products for Actavis Inc. and Allergan Finance, LLC, meaning warehousing and distribution.

Q. And that -- that -- all right.

So is it fair to say that UPS might deliver to entities such as AmerisourceBergen and Cardinal Health?

A. Yes, that would be correct.

Q. So as you have looked at the documents, what is your understanding of the services that UPS provided to Actavis Inc. and Actavis, Inc.?

A. My understanding of what they provide, I'm not extremely familiar with everything under Actavis Inc., my understanding is their responsibility was to

ware- -- they are a DEA registrant. They are responsible to warehouse the products. And because they are a DEA registrant, on their own behalf they would have a SOM system, the -- and a process and procedure under CSA as well.

Q. So under Actavis Inc. and Actavis, Inc., did UPS provide the entire SOMS system for those entities or did the entities, Actavis Inc. and Actavis, Inc., have their own SOMS system separate from UPS?

A. Actavis, Inc. did not use UPS. They had their own warehouse. And Actavis Inc. had a SOM system and used -- and UPS had a SOMS system.

Q. And -- all right. So what was the -- let me start over.

At some point the service that UPS provided to the Actavis or Allergan entities changed, is that fair to say?

A. Yes, the contract changed from the Actavis Inc. contract to Allergan Finance, LLC contract.

Q. And what is the Allergan Finance, LLC contract with UPS?

A. It's a similar contract. It would just be

changed, obviously, the entity name would not be the same because we are not Actavis Inc.

Q. So Actavis Inc. without the comma was a -- was a physical manufacturer of opioids, is that right?

A. Yes. They were a DEA registrant manufacturer.

Q. And they -- there is a factory in Elizabeth, New Jersey that they owned that manufactured opioids, is that right?

A. That's correct.

Q. Have you ever heard of the entity called Actavis Elizabeth LLC?

A. Yes, I have.

Q. What does that term mean to you?

A. I'm -- I'm not extremely familiar with it, but I know that they were a manufacturing facility.

Q. Okay. And as you think of it, did Actavis Elizabeth ever manufacture opioids for Watson before Watson bought Actavis?

A. Not that I recall, but then again, I wasn't responsible for purchasing or marketing.

Q. All right. Did Watson Pharmaceuticals, Inc., when you worked there, physically manufacture any of its own opioids?

A. Yes, I believe so.

Q. Do you remember which ones?

A. Well, hydrocodone is an opioid now and they manufactured that. I cannot remember if they -- they might have done Norco, but it might have also been outsourced at some point. I would actually need to look it up. I don't want to give you information I'm not sure of.

Q. That's fine.

And you mentioned the term "Norco." Watson Pharmaceuticals, although you are not clear about whether it feign -- make -- physically manufactured Norco, it sold and marketed Norco, is that right?

A. It did sell and manufacture Norco.

Q. All right. All right. So let's move on into this document to Page 7. And this is Page 7 of Exhibit 27.

And in the far left-hand column, it states Exhibit -- or No. 8, and it states, I'll read into the record:

"The identify" -- "The identity of persons responsible for developing or implementing training of your sales and marketing departments, including for

developing or implementing any written materials or instructions to your marketing or salespeople regarding promoting or selling opioids or opioid products or for developing or implementing any training on identifying, reporting, or investigating the possible diversion of opioids or opioid products or identifying, investigating, or reporting suspicious orders."

Do you see that there?

A. Yes, I do.

Q. All right. And is this a topic that you worked on and prepared for testimony today?

A. Not the -- not the sales portion of it because I can't really address how salespeople were trained. I could speak to you about, you know, additional training for our teams that carried out the SOMS responsibilities.

Q. All right. So let's talk about this for a little bit.

In -- in the column under Documents and Notes there, there are some names listed and some entities. And they -- they are limited to this page, this Page 7.

A. That's correct.

Q. So when -- let's start with Watson Pharmaceuticals, Inc. Underneath there -- well, let me start over.

The column says "People Responsible for SOM/Diversion Training" and it says "Watson Pharmaceuticals, Inc." and then it has your name --

A. Uh-huh.

Q. -- the name Tom Napoli --

A. Uh-huh.

Q. -- and the name Tracey Hernandez, and the name Sandra Simmons.

A. Correct.

Q. And who is Tom Napoli?

A. Tom Napoli was a -- a director in our controlled substance compliance team.

Q. All right. And who is Tracey Hernandez?

A. Tracey had a similar role as Tom. She was also a director in our controlled substance compliance team.

Q. All right. And then who is Sandra Simmons?

A. Sandra Simmons reported to me and she was a manager support services, contained two teams. It was our customer master and license team and they were

responsible to oversee the review and investigations first level of suspicious orders --

Q. So --

A. -- order of interest.

Q. -- I want to get an understanding of the term "training."

For each of these four people that are listed there under Watson Pharmaceuticals, Inc., can you tell me what their various responsibilities were with regard to SOM and diversion training?

A. Sure, absolutely.

So, Tracey and Tom were the primary. They were -- they were more on the regulatory and compliance side that worked directly with the DEA, understanding CSA and any regulatory requirements for anything around controlled substances, the Controlled Substances Act, requirements and regulations for the company, and they would work directly with our team and explain to us what our requirements were for suspicious order monitoring. They would assist to -- or write the company's CSOP, corporate standard operating procedures, and we would go to training with them, and then we would write operational procedure documents, they would review them. So they were the

key on the regulatory and compliance side that would then triage down or trickle down the types of training that we needed.

Q. Now, in the answer you just gave, you used the word "we" and "our team" and -- and things like that. I want to get an understanding of the -- the size and location at Watson Pharmaceuticals, Inc. of the -- the team that you are referring to for the SOM.

So I guess let me ask questions and if there is a better way to ask questions, let me know as we are going through this.

A. Sure.

Q. Let me know.

So what was the group of people that you are referring to as the team that was working on the SOM?

A. Yeah, so the customer master license team, it was not large. It was three to four people. So it was small. That would oversee the orders that pended. There was a segregation of duty between people entering orders and people that would evaluate the orders.

Q. And do you remember who was on the team when you worked at Watson Pharmaceuticals, Inc.?

A. I can recall some of the people.
Q. Okay. Can you tell me who they are?
A. So, it would have been Mary Moskello, Larry Shaffer, Vicky Lepore and Sandra Simmons.
Q. And Vicky Lepore, what was her responsibility while you were at Watson Pharmaceuticals?
A. So she worked on customer master, setting up our -- this is to the best of my recollection --
Q. Uh-huh.
A. -- because people obviously change roles and things --
Q. Yes.
A. -- right, so I'm trying to remember everything.
Q. And you were there for more than a decade, right?
A. I have been there 23 years, so it is hard. You know, some things blend together. But I think I am pretty accurate about what their roles have been over time, and they don't change significantly, right.
So customer master, they would set up customers, they would ensure they had all of the correct licenses for purchasing controlled substances

and that they were valid all of the time. They would ensure that policies were up-to-date and worked with the controlled substance compliance department. They would go to annual DEA training. They would -- when the orders pended, they would follow the operational procedure documents for the review and investigation, escalation processes. So that was Vicky's primary role. Each one of the other people had similar roles but maybe not as many responsibilities. She was more of a senior-level person.

Q. You -- you had used the term in the -- your answer, "customer" and that Vicky Lepore set up the customers and their data.

As you think of it, at Watson Pharmaceuticals, Inc., you use that term "customers," can you tell me -- can you give me examples of those customers?

A. Customers in our system are only people that we would sell direct to that would be vetted for controlled substances and set up as a direct customer that we would ship to.

Q. So would that include, say, the -- the distributors that I was talking about, like McKesson and Cardinal and AmerisourceBergen?

A. Yes, that would be a customer.

Q. All right. But a, say a -- a pharmacy down the street in Corona, California would not be a customer, is that true?

A. That is correct, we did not sell to any pharmacies, not -- no independent pharmacies.

Q. Did you sell to chain pharmacies?

A. Certain chain pharmacies, not all chain pharmacies.

Q. And some chain pharmacies are licensed as distributors to themselves, is that fair to say?

A. If they were --

Q. If that's a -- I know you are not prepared --

A. Warehousing chains, you know the difference between a warehousing chain and a non-warehousing chain?

Q. I don't. But can you tell me generally what you are talking about?

A. A warehousing chain means that they purchase the drugs from you into, like, a central, or multiple distribution centers, and then they distribute them out to their locations.

Q. All right.

A. And a non-warehousing chain has the wholesalers purchase for them and then the wholesaler sends them out to their locations.

Q. All right.

Do you remember whether, when you were working at Watson Pharmaceuticals, Inc., there was ever an effort to identify and understand the customers of your customers as they were ordering controlled substances?

A. At some point we did. I don't remember if it was under Watson Pharmaceuticals or Actavis, Inc. It wasn't really much of a guidance from DEA in the early years. It was in the later point in time.

Q. Do you remember when that shift took place, about?

A. I think it was probably more around 2011, 2012.

Q. Do you remember what the reason for the shift was?

A. Well, of course, obviously I think it's -- it's apparent that when opioids were becoming more prevalent they wanted you to understand more about who your customer was selling the product to.

Q. All right. So the next line down there,

Actavis Inc., with the understanding that you never worked for Actavis Inc., do you have an understanding of who Rachelle Galant was or Rachelle Galant?

A. Yes. Rachelle Galant worked in marketing at Actavis Inc.

Q. How about Nancy Baran?

A. Nancy Baran worked in customer service. She was the director of customer service at Actavis Inc.

Q. And then Jinping McCormick?

A. She was director of the marketing department and I believe Rachelle reported in to Jinping.

Q. Have you ever met Dr. McCormick?

A. No, not at all.

Q. Do you have an understanding of who Ms. Galant, Ms. Baran and Dr. McCormick were responsible for training at Actavis Inc.?

A. So, I do know Nancy and I do know Rachelle and I believe Nancy had an active role to train her customer service team at Actavis Inc. She was familiar with the CSA and was instrumental in assisting to -- with their systems.

And -- and I believe Rachel was also --

I -- I can't say who Rachelle actually trained, but I know she was very -- very involved in helping create some of the policies on how SOMS was going to be handled, especially around 2012 when they made some changes in their process and she was very instrumental in that process.

Q. Do you know about how many people were on the customer service team that you referred to at Actavis Inc.?

A. I think when the acquisition happened and we worked with Nancy, I would say maybe five, six.

Q. Do you know what their various roles were?

A. I can't say directly what all of their roles were. I'm not that familiar if they had different roles from one another. I -- I really can't.

Q. Now, since we are talking about it in this context, I'm going to take kind of a sidestep.

At some point Watson Pharmaceuticals, Inc. merged with or bought Actavis Inc., is that right?

A. We -- yes, Watson Pharmaceuticals did acquire Actavis Inc., that is correct.

Q. And when that happened, what took place with regard to the SOM and diversion people and

policies?

A. After Watson Pharmaceuticals purchased Actavis Inc., the -- it -- it resorted to using the Watson Pharmaceuticals system.

Q. So as we are talking about this, I want to put it in the context of a -- physical locations and -- and so with regard to Watson Pharmaceuticals, Inc. as you think of the -- the SOM system while you worked there and the people who were involved, were they all located in one place or multiple places or something else?

A. So let me think about this for a second. I have to think about the years.

Q. Right.

A. So I think -- I think we purchased them in 2012 and we --

Q. So can --

A. -- we completed it at the beginning of 2013.

Q. Can we start with Watson Pharmaceuticals, Inc.?

When you worked there before the merger on a -- on a physical level, was everybody in one place or in multiple places?

A. Yeah. It was bicoastal.
Q. Okay.
A. So customer relations, the customer service people were located in Corona, California and the master data license people were located in New Jersey.
Q. What was the role of the master data license people?
A. That would have been the description I gave you with Vicky Lepore and Mary Moskello.
Q. All right.
A. Okay?
Q. And then did that change at any time while you were at Watson Pharmaceuticals, Inc. before the Actavis merger?
A. It did not change before the Actavis merger, no. Well, before the -- I'm sorry. Before the Actavis merger, I would say in -- back in about 2003 it did change. We changed computer systems and when we changed computer systems and went to SAP, we did segregate the roles more. And so at the time we went into SAP, we did separate roles because of segregation and duty and at that time we developed smaller teams and that's when this team came into

play.

Q. Okay.

A. It was probably around 2003.

Q. All right.

A. The time that that occurred.

Q. All right.

A. So it had been in place for obviously quite a long time by that point.

Q. And then when the two entities merged, Watson Pharmaceuticals, Inc. and Actavis Inc., can you describe -- well, let's start out with your understanding of how Actavis Inc. was set up prior to the merger, their SOM and diversion systems?

A. So in approximately -- so Actavis Inc.'s SOM program, they had been running a parallel system in about 2011 into 2012, which was a combination of utilizing ValueCentric's Safe and Secure. And Cegedim Dendrite, I'm going to use both names because they changed their name a little bit frequently, it was Buzzeo and then they changed to Cege -- to Dendrite and then to Cegedim, so I'm not sure what name people will recognize them by.

Q. I have the same issues, so we'll -- to the extent we can clarify this, we will, but --

A. Okay.

Q. -- I understand what you are talking about.

A. I think at the time they were under Cegedim, to be honest.

Q. Okay.

Can you spell your understanding of Cegedim for the court reporter?

A. Let me --

Q. Is it C-e-g-e-d-i-m?

A. M, correct. They are now IQVIA.

Q. All right.

A. So if you need to know their name today, they are owned by IQVIA. Many of the same people are still there.

Q. All right.

A. And so at the time they were operating under those two systems, ValueCentric for indirect data, Safe and Secure, and the Cegedim system for the standard SOMS program.

Q. Okay. You used that term "Safe and Secure."

A. Um-hum.

Q. What's your understanding of that?

A. So my understanding of Safe and Secure, I'm familiar with it, is utilizing, I don't know if you're familiar with -- all of these acronyms, I'm so sorry, it is just how the industry is, right?

Q. Yes.

A. So EDI data, electronic data, interchange data that we use to manage orders and data in the industry is also utilized in ValueCentric's model. And the ValueCentric's Safe and Secure model utilizes what they call 867 data. The Safe and Secure model that they went to for indirect, meaning customers that they don't sell to, that the wholesalers sell to or... 867 is from when the wholesaler buys the product and they sell it downstream. It's who they sell it down to.

They also bought another module to my understanding called Market Visibility from ValueCentric. The reason you have to do that is because customers don't -- don't want you to see what they are buying, so they -- what they do is they call it, they blind their data so you can't see who they are. So if you buy this Market Visibility data it kind of un-blinds it or it uses an algorithm that helps you understand who they are. It's not perfect,

but it does help you get down to who they are.

Q. Uh-huh.

A. So that's what Safe and Secure is, is it -- it gives you that 867 data and it does -- it does have other algorithms behind it along with those two things, but those are very -- two important things, and it gives you some other safe and secure module. So Safe and Secure is basically somewhat of a SOMS module in and of itself.

Q. Do you know when the pre-merger Actavis Inc. adopted the Safe and Secure ValueCentric module?

A. If I'm going from memory, I'm going to say it was earlier than they implemented everything else. I want to say it was around 2010. I think -- let me see. I might actually have that on one of the pages of my notes.

2011.

Q. All right. With regard to the ValueCentric Safe and Secure module, what's your understanding of how that would inform the pending of an order in a suspicious order monitoring system?

A. So, the actual -- the actual Cegedim system would have been monitoring all of the orders and would have done the pending. And then the Safe

and Secure module would have been allowing them to go and look at data of where it was going. They could have gone into the Safe and Secure module before releasing any order to get a better idea of where inventory was going to make a decision, a good decision on should we or should we not release this, do we need to go get more justification, do we need to have a call with the customer, information providing to their DEA, to Kelly Smith, or their DEA team to say, Hey, does this look suspicious.

So it is just good data to see, is there multiple wholesalers providing the same product, because the DEA doesn't provide that, so you have to say, Where can I go to see that information.

Q. So just so I'm clear, as you think of it, the Safe and Secure ValueCentric data did not inform whether an order would pend, but whether a pended order should be cleared?

A. I can't -- no, no, no, no, no, that's not what I said.

Q. Okay. Okay.

A. I said the -- I don't believe that that's what they used it for because their SOM -- they had a SOM system --

Q. Okay.

A. -- which would have been the Cegedim system.

Q. Right.

A. That is a SOM system.

Q. Okay.

A. I believe they used the ValueCentric data for indirect, not people that were purchasing from them --

Q. Uh-huh.

A. -- but to look at who they were selling it to. The know your customer customer part of it, right? To go down and see who they were selling it to, who the wholesalers were selling it to. Right?

Q. Okay.

A. If somebody is not buying direct from you, you can't see where the product is going, so you have to figure out how you can see that.

Q. Right.

A. And that's what that data would have shown them.

Q. Okay. So let's talk --

A. Am I explaining that well enough or not?

Q. I -- I think I am getting it.

A. Okay.

Q. I just want to make sure that my understanding is correct.

The -- the Dendrite Cegedim system was a system that would -- would create the -- would -- would pend the order to use --

A. That had all of the algorithms in it.

Q. Okay.

A. That was the statistically-based algorithm system.

Q. Right.

A. Okay? So if an order comes in and it violates any of the algorithms --

Q. Uh-huh.

A. -- the order goes to a pend and it tells you why it is pended.

Q. Uh-huh.

A. Maybe it is one, maybe it is two, maybe it is eight of the different violations. And it will tell you what the violations are.

Now you have to investigate that. You can't just say, Okay, I know why it pended. You have to say why, if you are releasing it, why you released it. So now you have to investigate it.

Q. Okay.

A. Right? So this is one of the tools, the -- the -- this is my understanding of what they did, okay?

Q. Right, yes.

A. Because I am not an Actavis Inc. person.

Q. Right.

A. But they would have gone and one of the tools they would have used would have been the Safe and Secure module to look at the downstream sale of the product to say whether or not it was going to -- who it was going to, right, that would have been a tool that they could have used.

Q. With regard to the -- the ValueCentric Safe and Secure system, it was separate from the Cegedim system, is that correct?

A. That is correct. I do not believe that they were interfaced together.

Q. And with regard to the SOM, the only time the ValueCentric Safe and Secure data would be used would be after the Cegedim system had alerted people at Actavis Inc. to an order, is that right?

A. That -- that's my understanding of it.

Q. Okay. I just want to make sure of that

dynamic.

At some point prior to the merger, Watson Pharmaceuticals, Inc. contracted with Cegedim Dendrite, is that right?

A. We did.

Q. What was the nature of that contract?

A. So we were looking to go to -- we were also looking to go to the Cegedim system as well.

Q. All right.

A. Okay? So that -- we were looking to do the exact same thing.

Q. As you think of it, about what time was that?

A. Approximately, I have to think about this for a second. I want to say it was probably around 2012, around the same -- around the same time, 2012.

Q. All right. And that was just prior to the Wat --

A. Warner Chilcott acquisition, I believe.

Q. Oh, yeah. And that's a name that we haven't heard before --

A. No controlleds there. That's why.

Q. So because we are kind of starting to talk over each other, there were no -- Warner Chilcott did

not have any controlled substances, is that right?

A. That's correct.

Q. And Watson Pharmaceuticals, as you understand it, merged with Warner Chilcott, is that right?

A. We purchased Warner Chilcott, correct, to the --

Q. Oh.

A. Yeah.

Q. Hopefully that's the last we'll hear of Warner Chilcott today, so...

With regard to the use or -- with regard to the engagement of the Cegedim Dendrite Buzzeo people by Watson Pharmaceuticals, Inc., that took place prior to the merger with Actavis, right?

A. Yes, there was one engagement that did, correct.

Q. All right. So what was the nature of that engagement?

A. To compare the current system to the Cegedim system.

Q. Okay. Is it -- when you say the "current system," it was Watson's system, is that right?

A. Correct.

Q. And what happened under that engagement?
A. We met with their statistical analyst --
Q. Uh-huh.
A. -- and their business development team. To the best of my recollection, we did a comparison between the two systems that was headed up by our compliance team to do an evaluation to determine if we needed to enhance our system.
Q. And when you say comparing the two systems, is it Watson's then existing system and the one proposed by Cegedim?
A. That is correct.
Q. All right. And what was the result of those comparisons internal at Watson?
A. So, at that time Cegedim didn't have a actual system, I just want to be clear.
Q. Okay.
A. It was just algorithm logic, and you would have to take that and program that into your ERP system. It was like a --
Q. Okay.
A. -- you would have to have -- either hire or use your staff to take that logic and program your system to be able to do that. So you were buying this

algorithm from them, right?

So I think the outcome at that time was that we did have an interest. We were determining whether or not we wanted to go to that system or not. I be -- I believe that was the outcome at the time.

Q. Did Watson Pharmaceuticals, Inc. ultimately contract with Cegedim Dendrite to use their algorithm?

A. I can't remember if we signed a contract with them or not because that would have been under compliance whether we did or not, but then -- then the acquisition happened, so I don't know if they signed the contract at that time or not.

Q. Okay. When the companies combined, Watson and Actavis, did the combined companies use this Cegedim Dendrite statistical analysis or whatever you want to call it?

A. We used the Watson system.

Q. Okay. So how did the Watson system differ from the Cegedim Dendrite system?

A. There were some differences. I wouldn't say there was a significant amount of differences. The Watson system was -- measured certain algorithms as well, not nine.

Q. Okay. Now, let's back up a little bit.
You had used the term in a prior answer "ERP."
What is an ERP as you used it there?
A. Sure. Enterprise resource planning. That is a company's main computer system.
Q. And then how does that relate to the term you had used earlier before, "SAP"?
A. SAP was the company that we used. That's their ERP -- that was SAP's ERP system that was --
Q. All right.
A. -- that we went to.
Q. And what was the relationship, if any, to the Watson Pharmaceuticals, Inc. SOM system to the SAP system?
A. The SOM system was -- the logic for the SOM system was part of SAP.
Q. So the -- when an order was being processed through the SAP system, part of the process would be the SOM analysis if necessary, is that fair to say?
A. Absolutely.
Q. Okay. And is your understanding that that was the same for Actavis Inc. pre-merger?

A. They didn't use SAP.

Q. Okay.

A. But it would have been through their ERP system.

Q. Do you know what ERP system they used?

A. QAD.

Q. Okay.

A. I have no idea what it stood for, just in case you ask me.

Q. And then when the companies merged, everybody switched over to the SAP system, is that right?

A. That would be correct.

Q. So -- all right.

So, with regard to the algorithms that you were talking about at the Watson Pharmaceuticals SOM, do you remember who initially created them?

A. Yes.

Q. Who did?

A. So Tracey Hernandez, who was head of DEA compliance at the time, I believe that she reached out to DEA and before we -- then we met with the IT programmers from SAP and ensured that we were meeting CSA when we did the programming for SAP.

Q. Okay. How did you ensure that you were meeting the CSA, as you say?

A. She reached out to the DEA --

Q. All right.

A. -- for guidance.

Q. And did the DEA approve the -- the algorithms that Watson used in its SOM system?

A. I -- I don't know. I can't -- you'd have to -- we'd have to ask Tracey.

What I -- what I can tell you is that there was a guidance provided by the DEA -- DEA.DOJ.com all of the way through 2011, and I know it is identical to what was on there. So I don't know, but we'd have to ask her if that's where it came from, if that's where she got it or whatever.

Q. So you are saying that the algorithms -- it's your impression that the algorithms -- let me start over.

A. I would call it logic, maybe --

Q. Okay.

A. -- the logic of the system.

Q. All right. It's your impression that the -- that there was a logic, as you used the term, of a system on the DEA website until 2011?

A. Yes.

Q. All right. And it's your impression that Watson adopted that logic, is that right?

A. Well, from what I read and the logic that's in the system, they are -- they are basically identical, so -- but I would have -- we'd have to ask Tracey if that's where she got it, if that's what they told her, but...

Q. Okay. All right.

And beyond working with the SAP and whatever interaction with the DEA, do you know whether Tracey or anyone else at Watson did anything to inform themselves about the logic, as you are talking about it?

A. Well, what I can tell you is, I mean, they had constant meetings with the DEA about SOMS and every audit, and maybe you are aware of this, like every time we had an audit, even a site audit, we had to produce a copy of our SOMS logic.

Q. Right.

A. Every single audit. And so the DEA always had a copy of everything we were doing for diversion prevention, including our SOMS logic. So they were very well aware. And we had annual meetings, annual

summits. They were extremely aware of everything that was going on. We never had one violation to our system, anything that -- in the entire time that I have been with the company.

Q. You used the term "audit." In the -- the context that you just used it, a DEA audit, what does that mean?

A. So they would obviously come and do site audits of all of our manufacturing plants, and even in those audits we had to produce a copy of our SOM program.

Q. Uh-huh. All right. And I -- I want to make sure that we are clear on this.

So right now we are talking about Watson Pharmaceuticals, Inc.?

A. That's correct.

Q. As you think about the timeframe, say, from '99 to when you transferred to New Jersey, about how many times did the DEA come to audit the -- that entity?

A. Tracey and Tom would have to tell you because I wasn't responsible for those audits.

Q. Okay.

A. I just know that that was a requirement

that we would have to provide that to them.

Q. Okay.

A. And I would say that was all of the way up into Actavis, Inc.

Q. Do you remember when the last time the DEA came to audit Actavis, Inc.?

A. No, but -- but they could -- they would definitely be able to tell you because they would have been notified and responsible to provide all of that documentation.

Q. When you say "they," it is Tom and Sandra?

A. Tom and -- and Tracey.

Q. Tracey.

A. Um-hum.

Q. Okay. All right. With regard to that term "audit," did Watson Pharmaceuticals, Inc. when you worked there have an internal audit division?

A. Yes, we did.

Q. Did the internal audit division ever examine the -- the pending mechanism in the SOM system?

A. I -- they may have. I -- I can't recall. They were heavily involved in anything that had regulatory requirements around it.

Q. All right. So, and then at Allergan -- oh, okay. So -- so let's move on from this because I think we'll have -- we'll talk about that tomorrow.

So let's move to the next page, Page 8 of Exhibit 27, and it is Topic 10, and it says:

"Identification of your policies and procedures for, and the identity of all Persons responsible for, interacting with the U.S. Food and Drug Administration (FDA), the DEA, the U.S. Department of Justice or other state and federal government agencies."

Do you see that there?

A. Yes, I do.

Q. And the only -- the -- there is a distinction made between the FDA, the Department of Justice and the DEA.

What is that distinction?

A. Well, obviously that -- the FDA does give us guidance for good manufacturing practices. We follow everything under FDA. And then the DEA would be under, my understanding anyway, is the DEA is an entity under the FDA but they have their own reporting structure. And the CSA is under the DEA.

Q. All right. And on the third column there,

there are the three companies that are listed there, Watson Pharmaceuticals, Inc., Actavis Inc., and Allergan Finance, LLC, and each of those people listed underneath there are the people who were responsible for interacting with the DEA, is that right?

A. Yes, that would be correct.

Q. All right. So let's move on from that to Page 11, Topic 16.

MS. LEVY: At some point can we take a restroom break --

MR. EGLER: Yeah.

MS. LEVY: -- whenever you think is appropriate?

MR. EGLER: No. Let's -- let's break now. That's cool.

THE VIDEOGRAPHER: The time is approximately 10:34 p.m. -- a.m. and we are going off the record.

(WHEREUPON, a recess was had from 10:34 to 10:56 a.m.)

THE VIDEOGRAPHER: We are back on the record. The time is approximately 10:56 a.m.

BY MR. EGLER:

Q. Ms. Woods, thanks for coming back.

We've been looking at Exhibit 27 that I've marked, and I had just before the break started to

talk about Page 11, Topic No. 16. And I'll read it in the record for our purposes.

"The identity of all persons who were responsible for representing you or who participated in or were responsible for coordinating, managing or directing your participation in the Healthcare Distribution Management Alliance (HDMA), now known as the Healthcare Distribution Alliance (HDA). This includes the identity of persons who attended HDMA meetings on your behalf."

And then there are various names listed on the page.

What did you do to prepare for this topic?

A. So we actually interviewed people within the company that have knowledge of this and we identified them in the documentation.

Q. So you are listed as one of the people in response to this issue on Page 11 of Exhibit 27.

What is the HDMA?

A. Health Distribution -- well, I guess it depends on what name they have down here. The Health Distribution Alliance is -- it is basically for wholesalers and distributors that are members, and then since they are our customers, we actually -- I

wouldn't say necessarily, even though we participate, we are not necessarily a member like a wholesaler or distributor. So because our customers are members, we also attend meetings and -- and so forth, conferences, things like that, to see what's going on in the industry as well. So that's basically what our participation is.

Q. About how many meetings have you personally attended of the HDMA?

A. In my 23 years?

Q. Sure.

A. I'm going to try to ballpark it.

Q. Okay.

A. I probably attend one to two meetings a year.

Q. Okay.

A. So 40, 50 meetings possibly?

Q. So this doesn't -- this exhibit on Page 11 of Exhibit 27 doesn't talk about Watson at all, but just to be clear, you're down here under Allergan Finance and Actavis Inc. and that's including the Watson, your time at Watson, is that right?

A. That would be correct.

Q. Okay. So who is Paul Reed?

A. Paul Reed is one of our executive directors of trade sales and operations at Allergan Finance, LLC.

Q. How long has he been at Allergan Finance and its predecessors?

A. 30 years.

Q. All right. And how about Mike Reed?

A. Mike has been there the same amount of time.

Q. Okay. And how about Brandon Miller?

A. Brandon has been with the company I believe approximately eight years.

Q. So Paul Reed, do you have an understanding of what his responsibilities are, if any, with regard to prescription opioid drugs?

A. The only responsibility I believe that Paul would have with prescription opioid drugs would be that he oversees some customers and their distribution supply agreements, and as far as that would be as those products would be on some of those contracts. That would be it. Or their -- their distribution supply agreement, basically.

Q. And how about Mike Reed?

A. Same.

Q. And how about Mr. Miller?

A. Same.

Q. All right. So as you think about the meetings that you attend for the HDMA, and I think you said about twice a year, where -- where do they take place?

A. Various locations. They are not in the same location all of the time.

Q. All right. About how many people attend them?

A. It depends on the meeting that you go to.

Q. So, is -- the meetings that you've attended, is there like a general meeting or an annual convention or something like that?

A. The two meetings I attend, one is an overall distribution supply chain meeting and the second one I attend is the -- is the Drug Supply Chain Security Act meeting.

Q. The Drug Supply Chain Security Act meeting, it refers to a piece of legislation, is that right?

A. That is correct.

Q. Is there another more common name for that piece of legislation that you are familiar with?

A. Well, there is an HR 3417 or something. There is a House of Representatives bill.

Q. Okay.

A. And, I mean, people use an acronym DQSA or DSCSA, typically. It used to be Pedigree, but it's not called Pedigree anymore. That's old terminology for it.

Q. Okay.

A. So I think Drug Supply Chain Security Act is probably the correct terminology.

Q. Have you ever heard of a piece of legislation referred to as the Meth Act?

A. Yes. That has nothing to do with the Supply Chain Security Act.

Q. Okay.

A. It is completely different.

Q. All right. With regard to the Supply Chain Security Act, does that -- do those meetings at all cover issues relating to prescription opioid drugs?

A. No, not really, that's not the intention of those meetings.

Q. Okay. What are -- what is -- what is the intention of those meetings?

A. The Supply Chain Security -- the distribution, the DSCSA meeting is around anti-counterfeiting of drugs and safe and secure supply chain.

Q. Okay.

A. It's not really any particular drug. It's not really around controlled substances or, you know, scheduled drugs or anything like that. It's more around the counterfeiting of drugs and -- and the supply chain of counterfeiting.

Q. All right. So do you or the -- the two Mr. Reeds or Mr. Miller, do you know or have you ever had any leadership position or board membership on the HDMA?

A. I participated in an advisory board one time, but it -- my advisory board for HDA was one time and it was to create an agenda, it was basically just to create an agenda for one of the distribution supply chain meetings. That was basically the intent of the advisory board.

Q. When was that?

A. I think it was maybe two years, three years ago.

Q. Okay. What was the agenda about?

A. So the distribution supply chain meeting that happens annually covers a variety of topics, every -- it -- and it is basically different classroom settings when you go to the meeting. So what you do is they have all different people from manufacturers to wholesalers to distributors on the advisory board and the intent is to come up with the topics that people will be interested in to come to the conference.

So there is usually 6- to 700 people, so you are trying to come up with a broad variety of topics that will be helpful to people that provide value for everybody to learn about, and that's what the advisory board does, is we bring up current topics that would most likely be advantageous for everybody.

Q. Okay. Do you remember what the topics were for the one that you made an agenda for?

A. Probably not. I mean, there are certain topics that are repetitive almost every year, right? The -- there is always -- almost always a DEA representative there that does talk about what's going on with controlled substances. There is always, almost, the topics for the Drug Quality and Security Act. I can tell you, like those are very repetitive

topics every year.

Q. Uh-huh.

A. Return processing in the pharmaceutical industry is almost discussed every single year. So there are some topics that are repetitive every year.

Q. All right. Let's move on from this to Page 12 under Topic 21. I'll read it.

"The role of wholesalers, distributors, and pharmacies, including, but not limited to, defendants, in the supply chain of your opioid products and the responsibilities of each with respect to marketing, sales, supply, suspicious order monitoring, and potential diversion."

Do you see that there?

A. Yes, I do.

Q. And you have various issues listed under the three remaining columns.

What did you do to prepare for this topic?

A. So we evaluated the topic, we evaluated policies that we -- policies and procedures that we have that pertain to the topic, as well as any information that we had with the wholesalers' roles or how we interact with the wholesalers and distributors regarding those topics, and then everything that we

did to review what we -- where we pulled data, what we reviewed to be prepared for the topic.

Q. So under the Wholesaler/Distributor Role in SOM column, do you see that there on Page 12, Exhibit 27?

A. Yes, I do.

Q. It states:

"Each wholesaler and distributor, as a DEA registrant, completes its own SOM program." And then it says: "As part of Allergan's SOM program, wholesalers and distributors, among other things, completed Know Your Customer questionnaires."

So, is it fair to say that that's saying that wholesalers and distributors completed Know Your Customer questionnaires as -- for Allergan?

A. So, it went back to probably Watson Pharmaceuticals, Inc., later on Watson Pharmaceuticals, Inc. Day and Actavis, Inc. where we had them fill out Know Your Customer questionnaires and send them to our company.

At the same time they had to fill out a customer compliance acknowledgment form. We had partnership calls with them. They provided information on the ownerships of their companies.

Obviously we always have their state and federal licensing. They provided information on how they managed controlled substances within their company. We required them to send us their policies.

And we always have their historical purchasing information reports. We want to see who they are selling the product to. We asked them for their customer listing so we could see who they are selling their products to on a -- in -- from their systems.

And like I said, that next part is the policies they have. And then we asked them to provide any information and documentation what -- which we get out of our system on anything that gets flagged, that goes through our SOMS program.

So these are all of the different things that we do to ensure that we are complying and that we are going above and beyond.

Q. With regard to provided historical purchasing reports, do you remember whether there was a particular policy or amount of time that Allergan or its predecessors would request from a -- from a new customer as it started up regarding their historical purchasing reports?

A. So, before anybody ever became a new customer, they had to go through a significant vetting process. We rarely, rarely ever brought on new customers for controlled substances.

Q. Right.

A. So before we brought them on, we had to see their customers. And historical purchasing, I mean, you can't get historical purchasing of what they are going to buy from you as a new customer, right? But we could get a -- all of these other components of a new customer, but I would say it was pretty rare that we would bring on new customers.

Q. Do you have a understanding in the time that you worked at -- at Watson pre-merger with Actavis about how many new customers came on during that timeframe?

A. I'm -- I'm sorry. Which timeframe was that?

Q. So pre-merger with Actavis at Watson.

A. From -- from the time I started until --

Q. Yeah.

A. -- 2013?

Q. Yeah, either on a --

A. No, I would have no idea.

Q. Okay. So on an annual basis, do you have any --

A. It would be very few.

Q. All right.

A. Because, like I said, we didn't do business with independent pharmacies and we did not do business with physicians.

Q. All right.

And then listed down here in the bullet points, it says:

"Provided information and supporting documentation about an order flagged by Allergan's SOM algorithm."

What does that mean?

A. We would set up partnership calls with them. So if there was any issues and their orders pended and we saw any type of repeated offenses, we would immediately set up a partnership call and we would discuss with them that we saw issues. And we would have all of the supporting documentation to state to them, we see some -- we see issues with orders that you are providing to us that we keep pending and holding. What is going on? And we would have the backup documentation on anything that got

flagged.

Q. You said at the beginning of that response there would be an immediate call with them. And was that part of the written policy as you understand it at Watson, the timing and the immediacy of the call?

A. So it would depend on what was actually going on with the customer and the order.

Q. Okay. And then next in this column, fourth column on Page 12 of Exhibit 27, it states "ValueCentric" and it has various data to the bottom of that page, three bullet points.

What does that data represent?

A. So, this is under Actavis, where it says Actavis Kadian LLC, that --

Q. Yes.

A. -- section there?

So basically what that is stating is that Kadian data was available in ValueCentric as far back as February of 2009. So to remember, I mentioned that they used ValueCentric Safe and Secure, but prior to them using Safe and Secure, they contracted with ValueCentric to make sure that they had Kadian data available all of the way back into 2009. And they added Safe and Secure module then in 2011, which added

additional products in addition to Kadian and gave them the more robust information available through the Safe and Secure module.

(WHEREUPON, there was a short interruption.)

BY MR. EGLER:

Q. All right.

A. And then the third part was in 2012 when they added the Market Visibility piece to ValueCentric, which I explained to you was the part where it un-blinds data if people have blinded it, it uses some type of an algorithm to help them see which customers, if they were blinded.

Q. At some point after this August 2012, Actavis merged with Watson, is that right?

A. That was -- that's correct.

Q. Was the contract with ValueCentric continued after the merger with Watson?

A. Watson used a different system called Edge, which is a similar system to ValueCentric for order management and 852 and 867 data.

Q. So do you remember what -- well, can you -- is there a particular date or timeframe that you are thinking of when the -- the Watson SOM took

over for the Actavis SOM?

A. The -- I believe the timeframe for Watson taking over for Actavis Inc. would have been approximately February of 2013.

Q. Okay.

So after February of 2013, did Watson -- did the combined company continue to use the ValueCentric data?

A. So in this case ValueCentric data, meaning the data that we would have visibility to, that 867 data I was talking to you about, that lovely acronym 867, which is the data that the wholesalers sell down to whoever they are selling down to, Watson had a system that was equivalent to ValueCentric called Edge.

Q. Okay.

A. And that system provided 867 data. It wasn't ValueCentric, but it was Edge.

Q. Okay.

A. It was just a different system.

Q. So after the merger, Watson didn't use the ValueCentric data, is that fair to say?

A. They didn't until it was Allergan Sales, LLC and now we use ValueCentric.

Q. And Allergan -- Allergan Sales, LLC? What is Allergan Sales, LLC?

A. So, my point is that you are asking about ValueCentric, right? So ValueCentric was used by Actavis Inc. Actavis, Inc. used a system called Edge. Actavis -- Actavis, Inc. also then converted to ValueCentric after a period of time.

Q. Okay.

A. Okay.

Q. And the Actavis, Inc.' use of ValueCentric, was that data used in the suspicious order monitoring program?

A. So, the ValueCentric -- no. Only the Safe and Secure module. So when you -- ValueCentric is a company that has -- their primary functionality is -- is data -- is data.

Q. Uh-huh.

A. And then they create different modules that you can buy. So they have, like, an order management system, then they have just data that you can purchase, which is 852 and 867, then they have, like, a Safe and Secure module, they have a Market Visibility module. So what you do is you contract with them and then you decide which modules you want

to purchase.

Q. All right.

A. Okay?

Q. So let me ask this question: Did Watson continue to purchase the Safe and Secure module after the merger with Actavis?

A. They didn't need the Safe and Secure module because they had their own suspicious order monitoring system.

Q. All right. And then did Watson continue to purchase the Market Vil -- Visibility module?

A. They used Edge, which is a different system than ValueCentric, that provided 867 data which is provided through Safe and Secure.

Q. Okay. So you've been using a term "867 data."

A. Correct.

Q. Do you have an understanding of what an 867 form is?

A. I understand what 867 data is, yes.

Q. What is it?

A. So, 867 data is data that shows who the wholesaler sells their product to.

Q. Is -- is it --

A. Or distributor sells their product to.
Q. Is the 867 form itself essentially an electronic invoice?
A. It is a -- it is a transmission of their infor -- I don't know that it is an invoice.
Q. Okay.
A. It may be the data of who they are shipping the product down to. I don't know that it's created by invoice data. It could be.
Q. Okay. So you mentioned the term "Edge" in the context of a -- the combined Actavis/Watson entity and the pre-merger Watson entity.
What is the Edge system?
A. It is another vendor similar to like a ValueCentric would be. It is just another vendor.
Q. Do you know whether -- well, do you know -- so is --
A. I know.
MS. LEVY: It's hard.
BY MR. EGLER:
Q. Who -- okay.
A. Let me just shut my phone off.
Q. Remember, you are on the record if you take that call.

A. I shut it off.

Q. The -- the Edge system as you think of it, who -- who provides the Edge system data? Is there a company or is it called Edge or something else?

A. Yeah, the name of the company is called Edge. I'm not sure if they are in business any longer.

Q. Okay.

A. So there is an electronic feed of data. It is an electronic data interface, and basically the customer has a interface to Edge. They send the data, just like to ValueCentric, they send the data and then the data comes to us.

Q. When you say "the customer," in the case of the types of customers that Watson and Actavis and Allergan had, would that be wholesalers and distributors?

A. That would be correct.

Q. All right. And is there a reason that Actavis and Watson and -- could not get the data about the customers from the wholesalers and distributors that they sold to directly?

A. Well, you have to have an interface for all of that data and it has to come into your system.

So there is vendors that actually collate the data and then interface it to you.

And if you think about it logically, if you didn't have one company that collated it, then all of the wholesalers and distributors would have to have interfaces to every single manufacturer, everybody they bought from. So it is much more simplistic and it's -- and it's much more efficient for one vendor to receive all of their data and then for that vendor to send the interfaces to the other companies, because it would take so much time to set up interfaces with every single manufacturer that they bought from. It would probably never, ever get completed because it's a very -- it's -- it's very time-consuming and they would have interfaces with every single individual company.

Q. So as you are describing it, the Edge data would not just be for the -- for the end users -- no, let me start over.

As you are describing it, the Edge data would not just be for the customers of Watson's customers, it would be for -- it would be data for the entire market, is that fair to say? I'm trying to understand --

A. I'm not sure I'm understanding the question.

Q. So -- so the way you described the Edge data, or the way I -- I heard you describe it, is that data would come on a particular sale from the -- from, say, Watson's customer to the Edge entity and then be transmitted back to Watson?

A. Only on the products -- only on our products.

Q. All right. And as I think you then described it, the Edge data was -- that was available was broader than just any given customer of Watson, it was all distributors or all wholesalers, is that right?

A. No. So it would only be on our customers that had an agreement to send that data, right?

Q. Okay.

A. So if you're a customer of ours, then at later dates we stated that in order to buy controlled substances, you had to send us 867 data.

Q. Okay.

A. You would go to Edge and get what they call -- I know this is going to be complicated.

They -- you would go to Edge, they would

give you a mapping of how you had to interface this data to them. So it would say, Tom's interface is coming to Edge. He is going to send all of these fields of data to us. And then once Edge would get that data, it would say, Here is all of Watson's NDC numbers. It goes to Edge. And then Edge has an interface to Watson on all of those NDC numbers, and then it sends that data over to Watson.

Q. All right. So with regard to that -- well, you used the term "NDC number."

What is NDC number?

A. National Drug Code.

Q. Okay. And what is a -- what -- what has an NDC number? So -- and what I'm trying to get at is, is it the size of the drug, is it the name of the drug, or is it something else or all, both of those or something else?

A. Okay. Every company has a labeler code that identifies the product to that company. So the first four to five digits of any -- every NDC number is the labeler code that is owned by that company or assigned to that company, basically on how you registered your drug.

Q. And what information -- what other

information does an NDC code have on it?

A. The second section of the NDC code is the product number for that NDC code. And the end of the NDC code is the counter, the bottle size of that NDC code.

Q. Okay. So, for example, if a -- a company -- if you are talking about, say, 60-milligram pills of generic OxyContin, would the NDC codes for every manufacturer of that product have similar numbers in the middle as you've described them?

A. No.

Q. Okay.

A. The product number in the center is defined by each company.

Q. Okay.

A. They would not. You would not be able to determine that product identifier in the center.

Q. All right.

A. You would be able to identify the company by the beginning numbers because that labeler code, as I identified, is issued by the FDA when they register the product by that labeler code.

Q. So with regard to the -- the Edge numbers -- let me start over.

With regard to the Edge data that you are thinking of, is it fair to say that Watson and its -- and -- well, is it fair to say that Watson would get for generics only the NDC codes of the generics that it manufactured?

A. Yes.

Q. Okay.

A. You would only get the information to the products that belong to your company, that would be correct.

Q. So if another company was making the, say, generic -- well, let me start over.

If another company was making the same generic in the same pill size, the Edge data that you are thinking of would not provide that information?

A. That is correct. We never got information that was not owned by our company, that is absolutely correct.

Q. All right. Do you have an understanding of whether that's the same for ValueCentric?

A. It's the same for any company that's like that. They will only pro -- because obviously that's not your data to own. You only get data that is owned by your company, and that's how those companies ensure

they are only sending your data. I mean, that would be a huge market risk for them to be sending you data from somebody else's company that basically gives you a market edge over them. They are not going to send you somebody else's data.

Q. All right. Was there any way to get an understanding of order trends or history of other companies' generic -- let me start over.

As you think of it with regard to that, the types of data that we are talking about, was there any way when you were at Watson or after for the companies to get data that would show the overall market for a particular generic drug or a particular generic prescription size in milligrams across an entire market and not just produced by one company?

A. That was, I think, one of our biggest concerns. To the best of my knowledge, there is no interoperable system, I believe is what your question is, that we could see all the other competitors' products and the usage on -- in an interoperable system.

Q. Are you aware at any time whether anyone from Watson or Actavis approached the distributor companies to get an understanding of the total market

for an opioid drug and its generic equivalence?

A. I -- I don't know that answer. I mean, I -- I don't know how -- I mean, market share data is market share data. It might tell you the volume, but it is not going to tell you who it goes to.

Do you see what I'm saying, like -- so I -- I think that's the issue.

Q. Did anyone from Watson or Actavis ever seek the data on where the entire market of generic or brand name -- let me start over.

Did anyone from Watson or Actavis ever seek data from their customers on where the -- the pills relating to a particular size and chemical makeup, whether brand name or generic opioid, were going at a certain time or place?

A. I'm not -- I'm -- I don't think I'm following you, Tom.

Q. So let's take, for example, if you have a 60-milligram OxyContin generics.

A. Um-hum.

Q. And say -- and I don't know if they do, but say Watson manufactured them and other people might have manufactured the same generics, is that right?

A. Um-hum.

Q. And did anyone from Watson or Actavis ever ask their distributor customers for information about where the other generics 60-milligram OxyContin was going or where the brand name OxyContin 60-milligrams were going?

MS. LEVY: Object to the form, just because I don't understand, but you can answer if you understand.

BY THE WITNESS:

A. I mean, I think in our partnership calls with our customers, we would ask who their other suppliers were.

BY MR. EGLER:

Q. Um-hum.

A. And I think that's the best we could do is to say, Do you have another supplier other than our company.

Q. Right.

A. We did not have a way to, in any interoperable system, to see what they were purchasing from someone else.

Q. So, for example, you were talking about the Edge data, and, again, understand that this is a

hypothetical with the 60-milligram OxyContin generic, if you got information about a particular order that had pended and looked at the buying trends of your customer for that generic 60-milligram OxyContin, you wouldn't know whether your customer was also buying 60-milligram OxyContin from one or two other manufacturers, is that fair to say?

A. We would not.

Q. All right. And are you aware whether any other company ever sought out or proposed to get that type of information?

A. I am not. I -- I do -- well, what I should say is I know it was a frequent question to the DEA. I know it was a question we asked as a company and I know it was a question that came up frequently about a proposal for an interoperable system so that we would have the ability to see if the same products were being sold by multiple manu -- if people were purchasing the same products by multiple manufacturers.

Q. Did you ever hear whether distributors were working with manufacturers to aggregate that type of information across various generic and brand name drug markets?

A. I know that there was working groups that I believe compliance people were part of. I was not. I don't know if that was part of those discussions.

Q. Okay. Did you ever hear whether Cardinal and Mallinckrodt were working together around 2012 to develop that type of system?

A. I'm trying to think if it was Mallinckrodt that I heard was working on something like that.

Q. Well, let me start over.

A. I don't know.

Q. Did you ever hear that Cardinal was working on that type of system around 2012?

A. I can't say if that came up in one of our partnership calls or not. It may have. We had spoke to Cardinal several times, but I can't say if that was brought up.

Q. Do you remember the Cardinal facility in Lakeland, Florida being shut down?

A. I do.

Q. What do you remember about that?

A. I -- I do re -- the reason I remember is because we had to suspend their license in our system.

Q. Uh-huh.

A. I don't remember -- and I remember getting

the notice forwarded to me from our compliance team about the suspension. I don't remember all of the details around the suspension.

Q. All right. And did that occur while you were at Watson, pre-merger with Actavis?

A. I believe it when -- is when I was with Watson Pharmaceuticals.

Q. Do you remember whether Watson -- let me start over.

Do you remember ever determining whether Watson had sold generic opioids to the Cardinal Lakeland facility that was shut down by the DEA in 2012?

A. I know that Cardinal Lakeland facility was a customer of ours for all kinds of products.

Q. Do you remember ever doing an analysis of whether any controlled substances were sold to the Cardinal Lakeland facility?

A. We did analysis of them and we had partnership calls with that location and Cardinal period.

Q. So were there controlled substances sold to Cardinal's Lakeland facility by Watson?

A. We wouldn't have -- we wouldn't have

suspended their license if there wouldn't have been. They wouldn't have had a license.

Q. Do you remember what the products were?

A. I do not, off the top of my head.

Q. Do you remember whether any of the Cardinal orders to the Lakeland facility pended in the suspicious order monitoring system that Watson had?

A. I can't recall if it was that particular facility. I am sure Cardinal orders pended.

Q. But you don't have a recollection one way or the other of whether any Cardinal Lakeland controlled substance orders pended on Watson's system?

A. Not off the top of my head, but I think we provided you with, like, 7,000 of them, so I'm -- think they are probably in there.

Q. Do you remember whether Watson ever did an analysis after the Lakeland facility was shut down of whether any Cardinal Lakeland controlled substance orders pended on Watson's SOM system?

A. I am absolute -- I am sure we would have.

Q. Do you remember --

A. I'm sure we would have done it beforehand, but I can't -- I mean, I can't recall, because I think it would have been -- I don't know the exact year, but

it would have -- it would have been probably, what year is this, probably ten years ago, so...

Q. All right. All right. So let's -- let's --

MS. LEVY: Just for the record, I'm -- I'm -- I'm going to lodge an objection to all of that very specific and detailed line of questioning as beyond the scope. Obviously I'm not -- not moving to strike. She can answer, but in her personal capacity.

BY MR. EGLER:

Q. All right. Let's move on. You can set this Document 27 aside.

As I said, I now want to pick up the exhibit that we've marked as Exhibit 25, which is a compendium of documents provided this morning by your counsel.

And on this compendium there are 24 tabs, and we'll reserve, to the extent we talk about any of them, I will refer to them by the -- the tab name, and to the extent there are identifying numbers, I will read them into the record.

All right. So can you look at what is marked as Exhibit 1. And when you look at it, can you tell me what it is?

A. So, this would have been very early on in Watson Pharmaceutical days shortly after I became part of Watson Pharmaceuticals, and this was an explanation of how the orders were compiling a history of controlled substances and the type of investigation form that was used, and the process that customer service would use.

Q. All right. So -- and so the record can track it, I'll read in the bottom right-hand corner there are what we'll refer to as Bates numbers, and it says Allergan_MDL_01844864 and 865.

And I think we had talked about earlier a woman named Lynn DaCunha, is that right?

A. That is correct.

Q. And does Ms. DaCunha still work at what is now Allergan?

A. Yes, she does.

Q. All right. Does she work -- where does she work?

A. She actually works -- I believe she is under compliance. She -- yes, I be -- I believe that she is under compliance.

Q. Okay. And as you think of -- well, physically where is her location?

A. Madison, New Jersey.

Q. And has she always worked in Madison, New Jersey as you think of it for -- for Watson and -- and --

A. She has always worked in New Jersey.

Q. And for Ms. DaCunha, you say it's compliance.

What does the compliance group at Allergan do now?

A. So the compliance -- she is registering, she does all of the licensing for all of our facilities. I don't -- I don't know everything, but, I mean, she does all of the, you know, licensing facilities and ensures that they are registered properly based on the locations, countries, things like that.

Q. So some -- when you say "countries," what do you mean by that?

A. So, I think she's mainly responsible for US and for all of the different types of products and the responsible licenses for each product group and things like that.

Q. With regard to this document, Exhibit 1, the first paragraph states:

"Order processing will receive orders through EDI, faxes, or manually from the customer service representatives. Once these orders are entered, the system will compile a past history of controlled substances by each customer to establish a 12-month average."

A. Uh-huh.

Q. Do you see that there?

A. I do.

Q. So it uses, like, that term "EDI."

What is EDI?

A. Electronic data interchange --

Q. All right.

A. -- or interface, I'm not sure, but it is one of the two.

Q. All right. And what was Watson Pharma's EDI in 2001? Is that similar to the SAP system or something else?

A. No. That's how orders actually get into the system, so large customers' orders can be 2-, 300 lines long, and so instead of people manually entering them, they have an interface with your company that's electronic. It is like an e-mail, like electronic mail, right, only it is an electronic data interface

that sends orders into the system.

Q. With regard to this Exhibit 1 as a whole, as you think of it, does this describe a suspicious order monitoring system?

A. It does.

Q. Do you remember whether there was a predecessor system to this at Watson or whether this was the first one?

A. This was in a system called Manfact prior to SAP. So this probably started long before the time I was with the company.

Q. Okay. So do you remember there -- there being a particular suspicious order monitoring system prior to September 3rd, 2001, which is the date on this document?

A. This would have been the system that was in place when I started to my -- to my knowledge, this is what was in place when I started.

Q. Okay. The second paragraph of this says:

"If a processed order generates a DEA excessive order flag due to more frequent or larger quantities than the customer's normal ordering pattern" --

A. Uh-huh.

Q. -- "order processing will send a market" -- "a report to marketing for their approval of the quantity."

A. Uh-huh.

Q. So with regard to that paragraph in the context of the verb "pending" that we've been talking about --

A. Uh-huh.

Q. -- what -- what would cause an order to pend under this policy?

A. To the best of my knowledge, at this time it was an order would pend due to the frequency or the size of the order.

Q. Okay. And do you remember what calculations went into that determination?

A. It was based on a 12-month average.

Q. All right.

A. Based on the months that the customer ordered.

Q. So is it fair to say if it was higher than a 12-month average, it would -- the order would pend under the system?

A. So it would be -- to the best of my knowledge, it would be -- if it was a 12-month average

and you ordered in ten of those months, it would have to do the average based on only the months in which you ordered so it would not be an incorrect calculation.

Q. All right. And do you know where that policy would have been written down, if it was?

A. I don't.

Q. Okay. All right.

And then as you think about this particular policy or this particular timeframe, physically or -- or electronically, how would the -- the pend happen, like, would it be an e-mail created by the system or a light would go off, or what would happen?

A. No. The system would automatically hold it. So the way that the system worked is once it did the calculation, if it identified that one of these two things happened, if it was more frequent than it should be or if it was larger, the system automatically held it --

Q. Uh-huh.

A. -- just automatically puts a block on it. That's how these pends in the Watson system worked.

Q. So -- so then what would happen?

A. So then this investigation would have to be done. Where it says here, your question, you -- you read up to the marketing piece, so then it says: "Order processing would generate a suspicious controlled order investigation form."

So there was a form created. There was an investigation that would need to be done, basically to understand and get justification if there was an order of excess before anything would be released.

Q. I guess my question is more detailed.

You -- you said the order would be held?

A. Correct.

Q. And then it would -- it would be investigated, but do you have a memory about the process of the order being held? Would there be an e-mail or an alert or some type of a report generated?

A. I probably cannot remember exactly what happened all of the way back in 2001. I have better recollections from the 2004 change, but --

Q. Okay.

A. -- 2001 I wasn't -- I was just becoming involved, so I don't have a great recollection. My boss was probably the person that did more of this.

Q. And then -- who is your boss at this time?

A. So, at this time I was just taking over and I was just becoming responsible for this and then I took this responsibility from a gentleman by the name of Jesse Childs.

Q. Does Mr. Childs still work at Allergan?

A. He is deceased.

Q. Okay. For this process, we had talked earlier about the internal audit process at Watson and Allergan.

Do you remember whether there was ever an internal audit done of this particular policy that's shown in Exhibit 1?

A. I do not remember if there was. I think Tracey came on shortly thereafter, so I -- I don't remember.

Q. Okay. Who is Tracey?

A. Tracey Hernandez was the director of controlled substance compliance.

Q. All right. So let's move on to Exhibit 3 in the compendium of exhibits that we've been talking about.

And, again, just for the record, Exhibit 3 is inside Exhibit 25. And could you look at it? And while you are looking at it, I'll read on the record,

it is Allergan_MDL_01839001 and 002.

And when you are ready, can you tell me what this appears to you to be?

A. We went live on SAP on May 3rd of 2004. This is an operational procedure document, initial operational procedure document on the distribution of controlled drugs.

Q. Okay. And then can you turn to the second page of that?

And is that a different policy?

A. This is a continuation, a Page 2 of that same policy.

Q. All right. Now, is this -- this document that's Exhibit 2, is this a suspicious order monitoring policy?

A. It's just a high-level overview --

Q. Okay.

A. -- of -- it's a -- it's a very high-level overview.

Q. All right. And with regard to this process and policy, do you remember the particular physical or electronic process by which someone would be alerted that an order has pended?

A. Yes. So in this particular process, an

order would be pended, we would run a -- a report, we would receive a report, and the report would identify all of the orders that were being pended for review and investigation.

Q. And how often would that report be generated?

A. I was -- they would -- we would be in it all day long because orders would be held.

Q. As you think about it, around this time, you say you'd be in it all day long, on any given day would there be multiple orders held by the system?

A. Oh, yes, yes, absolutely.

Q. Would it be dozens or hundreds or...?

A. I mean, let's see, we are going back to 2004. Yeah, it could -- it could be -- you know, it would -- I -- I can't say hundreds. I -- I don't think I would go with hundreds.

So this was exactly when we started going into the system, so I'm sure -- I don't know. I probably can't tell you something from 2004, but I gave you some statistics earlier today that would have probably been in maybe 2014, 2015, that, you know, would have been pretty relevant. So I don't know that I can give you a percentage back in 2004.

Q. And to keep in the context, the system that is described in this Exhibit 2 inside Exhibit 25 is not just for prescription opioid drugs but for all controlled substances that were sold by Watson, is that right?

A. You are correct.

Q. All right. And as you think of it, taking into account Schedules II through V, number wise, do you have a memory about how many controlled substances Watson sold at this time?

A. I don't have a recollection of how many were sold in 2004.

Q. Do you have an understanding right now for Allergan how many different controlled substances they sell?

A. I think it's about 23 SKUs.

Q. All right. And as you think about this timeframe for the opioid drugs in 2000 and -- no, let me start over.

When you think about this timeframe for controlled substances with Watson, earlier we had been talking about the number of customers and the change in customers. Can you think about how many customers Watson had around this time for all controlled

substances?

A. I would not have a number of customers.

Q. As you think about now in 2018, 2019, about how many customers does Watson have across the board for controlled substances?

A. Allergan Finance, LLC?

Q. I'm sorry. Allergan Finance, LLC.

A. Maybe ten.

Q. All right.

A. I'm just -- I'm just thinking about the number of customers that we have set up at UPS. I'm -- don't quote me on the exact number, but it is -- it is not a significant amount.

Q. Do you think it was substantially more or less back in 2004?

A. It was more in 2004.

Q. Okay.

A. Because there was retail -- warehousing retail chains.

Q. Okay. So are warehousing retail chains not Allergan's customers anymore?

A. They purchase through the wholesalers.

Q. Okay. Is that for all controlled substances?

A. Yes.

Q. All right.

All right. So let's move on to Exhibit No. 8. Could you pick that up inside the compendium Exhibit 25, and look through it, and as you are looking through it, I'll note it is a four-page document, Allergan_MDL_03641386 through 1389.

When you are ready, can you tell me what this appears to you to be?

A. Yes. This is a corporate standard operating procedure. So this is filed with the entire corporation. It is a high-level procedure regarding suspicious orders of controlled drugs.

Q. All right. And with regard to this document, you say it's filed with the corporation.

What is the difference between this and what we were talking about before, Exhibit 3?

A. Sure.

The ones under Exhibit 3 -- and the ones that are identified as operational procedure documents are typically a derivative of a corporate standard operating procedure. So the corporate standard operating procedures are actually come -- are -- are

designed and are required by our regulatory and compliance teams. And after these are developed, then our department would take this and come up with a very high-level standard operating procedure that mimics this, has a little bit more detail on it because it's more operational in nature. We are operational teams.

Q. Okay.

A. So we then would design an operational procedure off of this.

Q. All right. So with regard to the document that's marked as Exhibit 8, can you tell what -- what would cause an order to pend inside the system as you read through this policy?

A. So this policy does -- explains that there is a requirement --

Q. Uh-huh.

A. -- to have a system in place. So it tells you that there is a process and it tells you what documents to review for that process and it tells you that the customer, that the system compiled past history, it tells you that it's to -- each customer is to establish normal size and frequency, and it tells you -- so under 1.1 it explains a little bit about what the normal size and frequency is and then it

tells you the controlled substance compliance determines what the SOMS multiplier table is, which, as I mentioned to you earlier today about the guidance that was in DEA.DOJ.com --

Q. Okay.

A. -- that explains it there as well. And it explains a little bit here about license entry and management of the system functionality. And then on the next page, it talks to you about if an order is processed, generates an excessive flag.

So remember what I stated, this is a -- this is a high level. This policy isn't intended to necessarily explain the system functionality. It's ex -- it is here to explain that there is a system and process that meets the qualifications and exactly some of the high-level steps to it. It doesn't explain the logic of it.

Q. All right.

Down on 1.11 --

A. Uh-huh.

Q. -- on the second page, 1387, there seems to be a -- a editing balloon or something there.

Do you see that?

A. Yes, because I don't know that this is the

final version.

Q. Oh, okay.

A. Of it.

Q. So who would have maintained these types of documents, these corporate standard operating procedures at Watson?

A. There was an electronic system that I believe it was called Livelink or something like that. They actually had to route through that system and be approved on the last page.

Q. All right.

A. And after they were approved they were maintained in that system until the next review period.

Q. Has that Livelink system that you are thinking of continued to exist to today at Allergan Finance, LLC?

A. I believe there is a -- there is a different system that is used, but there is a system in place.

Q. Do you remember when the changeover to the current system occurred or if there is more than one?

A. I would imagine that the system that was in place at Watson Pharmaceuticals that went to

Actavis, Inc. is -- probably went over to Teva and then they detie -- determined whether they kept that or not. So I would think that we changed systems when we went to Allergan Finance, LLC.

Q. So as you --

A. I can't be 100 percent sure of that. I'm just trying to think of logically when the transition would have happened.

Q. So is -- is part of what you are thinking of that Allergan Finance, LLC would not have a comparable policy to this, is that right?

A. Well, we are not a DEA registrant, so I wouldn't think so.

Q. All right. Do you know whether -- whether it does currently have a policy comparable to this suspicious orders of controlled policy -- or con -- suspicious orders of controlled drugs as Exhibit 8 says?

A. I -- I don't believe -- I mean, we are not a DEA registrant, so I don't think we would.

Q. All right. All right. And did you in part of your process for preparing today find a comprehensive file of the corporate standard operating procedures such as listed here for Watson

Pharmaceuticals?

A. So I think we pulled all of the corporate standard operating procedures that were relevant to this.

Q. Yeah.

A. I'm -- am I not understanding your question?

Q. Oh, I -- I think you said you didn't think that this was the final one.

Do you know whether there was a final one?

A. Oh, I think we pulled everything that we could find that were still in my computer, like any of the computers that we could pull.

Q. Okay.

A. We don't have access to all of the systems, so I think we pulled what we could find.

Q. Okay. When you say you don't have access to all of the systems, why not?

A. Because the systems that were under Watson Pharmaceutical or Actavis, Inc. don't belong to Allergan LLC.

Q. I get it. All right.

So with regard to these -- this particular document, Exhibit 8, who at Watson Pharmaceuticals,

Inc. would have been, for lack of a better term, most responsible for this policy?

A. So, on the last page, this is the sequence of events. So Sandra Simmons would have drafted this. I would have reviewed it. Then it would have gone to the corporate quality and then the director of controlled substance compliance.

Q. All right. So the -- it says Sandra Simmons and then it has your name, Mary Woods, and then Marleah Martin under Executive Director, Corporate Quality Assurance, and then Tracey Hernandez.

So do you remember where Marleah Martin was located physically?

A. Yeah. She was in Corona, California.

Q. Okay. And how about Ms. Hernandez?

A. Tracey was in New Jersey.

MR. EGLER: All right. All right. Do you want to take a break? Let's take a break for lunch.

THE WITNESS: Okay.

THE VIDEOGRAPHER: The time is approximately 12:03 p.m. And we are going off record.

(WHEREUPON, a recess was had from 12:03 to 1:00 p.m.)

THE VIDEOGRAPHER: We are back on the record. The time is approximately 1:00 p.m.

BY MR. EGLER:

Q. Ms. Woods, thanks for coming back.

I have a couple of follow-up questions that I noticed that I had not asked before.

Early on in the deposition you said that you worked for the call -- call center operations while you were at Watson.

What -- what is the call center, as you referred to it?

A. So call center operations consisted of primarily the same departments that I have today, it is just different titles and different companies.

Q. Okay.

So when you -- the -- you use that term "call center." Who is calling or being called from Watson and Allergan's call center?

A. Okay. So -- do we have a specific period of time you want to talk about? Like, that will help me. I've had nine different roles in the company.

Q. All right. Well, let's start with where you are now and go backwards.

A. Okay. So in my current role in customer

relations, the only customers that we deal with are the direct customers. So customer service handles the direct customers, which are the wholesalers and the distributors.

Q. Okay.

A. We also speak to patients if they call and have questions about certain programs that we have, savings programs, patient assistance programs.

Q. Okay.

A. Okay. We may speak to a physician if he needs to locate a rep or something like that.

Q. Um-hum.

A. Okay. Those are the people that answer the phones for the US.

Q. Right. Okay.

A. Under my -- under me.

Q. Right. And then has that changed at any time from the -- from the time you were at Watson in California until now?

A. Yes.

Q. Okay.

A. Call center operations early on when I moved to California, we also had a telesales organization that had a detailing division under me as

well where they would contact physicians for specialty, like, dermatology. I think that was the only group that we had, dermatology. We may have had women's healthcare, which was contracted out. They did not report directly to me, but I had some assistance there. And we had a small telesales organization that contacted hospitals, like institutional accounts. And they may have contacted, I believe there was a dental program at one point.

Q. As you think of it, while you were at Watson, were you aware whether Watson Pharmaceuticals, Inc. detailed the drug Norco to anybody?

A. Not -- not through my team.

Q. Okay. And did they detail any of the other opioid prescription drugs that they sold?

A. No, not that I can recall then.

Q. All right. All right.

And then let's keep going with the exhibits. And I'm going to hand you an exhibit that we'll mark as Exhibit 28.

(WHEREUPON, a certain document was marked Allergan 30(b)(6) - Woods Deposition Exhibit No. 28, for identification, as of 01/09/2019.)

BY MR. EGLER:

Q. We went through and checked for Exhibit 28 and didn't see it in the compendium of exhibits that you gave us this morning, and I was wondering if you could look at it and just read through it generally, and as you are doing that, I will read into the record, it is Bates numbers Allergan_MDL_02176551 through 553.

And when you are ready, can you tell me what this appears to you to be?

A. Yes. The first thing I can tell you is that this is a document created by DEA Affairs or DEA compliance team regarding our suspicious order monitoring procedure --

Q. All right.

A. -- that follows the CSA.

Q. So before we get too far into this document, based on your ex -- your own personal experience at Watson and Actavis and Allergan, can you tell whether this was created before or after the Aller- -- Actavis Watson merger?

A. This was created after. I can tell you that because of the logo.

Q. All right. So with regard to this

document, do you remember ever seeing this document before?

A. Yes, I do.

Q. Okay. When was the last time you saw this document?

A. It would have been when I worked for Actavis, Inc.

Q. All right. So, can you tell from the context of this document that -- that -- any particular timeframe from the time of the merger to today that this would cover, just because I don't see any dates on it to get a -- a hook that -- in that manner?

A. I -- I wasn't the creator of the document --

Q. Right.

A. -- so I wouldn't want to tell you a date because I didn't create this.

Q. Okay.

A. This would have been created by, most likely, Tom Napoli.

Q. Okay.

MS. LEVY: And, Tom, just for the record, I think it is in the binder.

MR. EGLER: Oh, it is?

MS. LEVY: I think it's a different Bates --

MR. EGLER: Okay, great.

MS. LEVY: It is a different Bates number, but I believe, if I'm right, it is at Tab 20.

MR. EGLER: Great. Okay. Where is my binder?

Oh, here it is? This is mine?

BY MR. EGLER:

Q. All right. Right. Can you turn to Tab 20 then. And, again, for the record, as before, Tab 20 is contained inside the compendium of exhibits that's in Exhibits 1 through 24.

All right. So this is a document that you identified as one of the policies of Actavis. So with regard to this particular -- I'm sorry. Yeah, one of the policies of Actavis, and you've identified it as post Watson Actavis merger, is that right?

A. So from the logo, I am assuming that because that's the logo that was created at Actavis, Inc.

Q. All right. But beyond that, you can't tell when this policy was in force?

A. Well, it doesn't mean that it was in force then. Much of this was what was already in place.

I'm -- I'm assuming that the document was created post then, but it doesn't mean that that's when the policy was created.

Q. So is it fair to say what you are saying is that this might be a holdover policy from Watson previously?

A. Correct, because, I mean, I'm reading what's in here and this is not anything that's new to me.

Q. Okay. So can you look at the -- on Page 3 of the document, it's Bates No. 6079 in Exhibit 20 under the Paragraph 2.6 that's there.

A. Correct.

Q. And it says:

"Some of the reasons that might allow DEA Affairs personnel to clear an order of interest include," and then it says: "Order error, new and/or type of customers" and then "(require confirmation)" and then "verified increased market growth" and then "market shortage" and then "new or different drug" and then "different size or preparation" and then "results of on-site review."

Do you see that there?

A. I do.

Q. Do you know who would have been responsible at Watson or Actavis to write that language?

A. So that would have been under the DEA compliance team that wrote that.

Q. Okay. And do you know when that -- when that Paragraph 2.6 came into effect?

A. That process was in effect during Watson Pharmaceuticals.

Q. All right. So prior to the Watson Actavis merger?

A. That is correct.

Q. All right. Do you know how far back this 2.6 paragraph was in effect?

A. I don't have an exact date. I'm going to say based on the policy and the process that we had, it has to have been substantially before the Actavis Inc. acquisition.

Q. Okay.

A. It's going to be mid 2000, probably -- and Tom Napoli may be able to confirm this -- I would say with the SAP procedure around 2004, 2005 timeframe.

Q. All right. So in looking at the next paragraph there, Paragraph 2.7, it states:

"If the order cannot be cleared based on the documentation provided by customer service personnel, or if the customer has had previous orders pended and provided similar reasons, the reasons will be further investigated."

A. Correct.

Q. And then there are two subparagraphs there.

Again, do you know who would have been responsible for writing that language?

A. Yes, that would have been control substance compliance team, DEA Affairs.

Q. And then the same thing, Tom Napoli and his group?

A. Yes, that would be correct.

Q. With regard to the language that's there in that Paragraph 2.7 that I just wrote, do you remember if there was ever a policy that an order could be clear based on a verbal okay by someone in customer service?

A. If the -- if an order was escalated to DEA Affairs, we didn't have an ability to release it. Only DEA Affairs would document the reason we could release it. Before it was released, it had to be

written.

Q. Okay. So -- and just so I'm clear on the terminology, would every order that was pended be escalated to DEA Affairs or was there something else?

A. Not every order that was pended was escalated.

Q. Okay. Can you tell from this document what orders that were pended would not be escalated to DEA Affairs under this policy?

A. So the order that's pended, if it requires additional information, so if it is considered an order of interest, as they say in here, it gets escalated to DEA Affairs.

Q. Okay. So what's the difference between an order of interest and a pended order?

A. So orders of interest mean that it violates one of the algorithms in the system, one of the -- one of the parameters in the system, it violates that, and we don't have appropriate justification or it exceeds one of those justifications --

Q. Uh-huh.

A. -- and we don't have reasonable justification without additional review by the DEA

Affairs team, and those would all get escalated to DEA Affairs for additional review.

And that's where it then shows under 2.6 after they do the initial review, they would need to respond to us as to the ability to review that order -- I -- I'm sorry -- to release that order, and these are some of the reasons that they would release the order.

Q. Okay. So there -- are there any orders that are pended but not orders of interest under this policy?

A. Well, when an order is pended, it's pended for a review, but it doesn't necessarily -- it's -- it's re -- it means that it violated, we have to review it and determine if it's an order of interest, meaning that there is no justification, we can't -- we don't have justification, we don't have reasonable information, and then we feel that it's an order of interest. And at that point we have to submit that over to our DEA Affairs team. I guess you wouldn't consider it a suspect order at that point, it is just an order of interest at that point.

Q. So how could an order pend under this --

A. And I don't think that this is actually a

policy at this point.

Q. Oh, okay.

A. Okay. It is a document that they wrote, but I don't see that this is actually turned into a policy.

Q. All right. Do you remember if this ever became a policy?

A. I don't see this in a policy form. I'm not aware if it did or didn't. I think that this was something that they may have been intending, but I think we would have to ask -- ask Tom that question, because this is something that they documented.

Q. All right. With regard to the procedures that's laid down here, can you point out where in here a -- an order could pend but not become an order of interest?

A. I think we have that in our operational procedures which they review.

Q. Okay. Do you know whether that procedure is in the compendium of documents that you -- you gave to me today?

A. Yes.

Q. Okay. Where -- where is it?

A. Let me just verify and then I will tell

you.

Q. Yep.

A. Tab 17.

Q. All right. And can you -- as you are looking through Tab 17, I'll read into the record that -- we'll make it Exhibit 17, and it's part of the compendium of documents submitted as Exhibit 25, and for the record, Exhibit 17 is Allergan_MDL_03750135 through 146. And...

A. And if you'll give me a minute.

Q. Right, sure.

A. So if you want to turn to Page 7.

Q. All right.

A. It starts there and then it goes to Page 9. And it talks on Page 9. So if you look about the fifth paragraph, one, two, three, four, fifth paragraph down on Page 9:

"Once the SOMS form is confirmed and verified, the MDA will release the SOMS violation block, otherwise the MDA" -- that's master data administrator -- "will escalate the order of interest to the DEA Affairs department for review and feedback. If DEA Affairs determines the order of interest needs to be communicated to the DEA, then DEA Affairs will

contact the DEA."

Q. So under this policy, which of the bullet points that appear above the paragraph that you just wrote are conditions under which a pended order could be released prior to it being sent to the DEA Affairs department?

A. So, everything on Page 8, all of that needs to occur, so all of the investigation needs to be done.

Q. Okay.

A. Once all of the investigation is done, once this -- and the SOMS form is confirmed and verified, they can release that. So they have to go through that entire process.

Q. All right. With regard to the bullet points that a -- appear above that paragraph that you just wrote -- or you just read, let me -- is there -- let me start over.

With regard to the bullet points that appear above the paragraph you just read on Page 9 of Exhibit 17, is there a situation under which reassurance from a Actavis employee could be the sole reason for an order to be cleared of a suspicious order monitoring system pend?

A. I'm -- I'm sorry. I don't think I quite understand.

Q. So could the -- the impressions or perceptions of a -- of an Actavis employee be the sole reason that a -- a suspicious order could be removed from the pending list?

A. I wouldn't say impressions. I would say factual information provided and backup documentation of those facts, but not impressions.

Q. So is it your impression as you sit here today that backup documentation materials would be required to remove any pending order from a pending order list under this procedure that's listed in Exhibit 17?

A. Yes.

Q. All right. If there were no backup documentation provided, what would the typical process be with regard to the acceptance or non-acceptance of a assertion by an Actavis employee?

A. If there was no information available, no justification, the order would not be accepted.

Q. And when you say information and justification, just so we are clear, that's information and justification beyond a -- a assurance

without further backup by an Actavis employee, is that right?

A. What I am stating is that we have to have backup information, additional information justification. If that did not exist or we couldn't get that information, then the order would be cancelled. We would not accept that order.

Q. Okay. And would that -- could the backup and justification be based on a -- just a verbal or e-mail reassurance by an Actavis employee standing alone?

A. No, it couldn't be from another Actavis employee.

Q. Okay. All right.

A. Or let me -- let me correct that.

One of the tools might be that there was a market shortage on a particular product --

Q. Uh-huh.

A. -- so there were different elements of items that we had to gather in order to have justification. It could be an e-mail stating that there was a market shortage on a product, which means we were supplying the product and hadn't been before, that could be a justification from a Watson

Pharmaceuticals or Actavis, Inc. employee that we would have had as backup.

Q. Okay.

A. Is that -- that -- that could be an employee inside of the company providing the justification.

Q. Any other situations that you can see?

And where is the market share -- sorry.

A. Could be a -- it could be a customer that has a new product added to a contract that we would get that information from the contracts team.

Q. Uh-huh.

A. It could be a new product launch, we would get that information. I think in just general it says that we would contact other teams for information, so that would be something we would do internally to understand what was going on in the market.

Q. Where is the language that you say "contacting other teams"?

A. It just says "some of the tools used during analysis."

Q. Okay. And so your impression from reading that language that's on Page 8, and it's Bates number 142, and those sub paragraphs leaves you to

believe that some orders could be removed from the pend list based on either written or verbal assurances without documentational backup?

A. I don't think verbal.

Q. Okay.

A. There would always be documentation. Your question was could it be another Actavis employee.

Q. Yes.

A. That sent an e-mail, not verbal.

Q. So based on the representation of another Actavis employee, pending orders could be released?

A. If it was the correct related information, yes, not just you are free to release this.

Q. Okay.

A. That would not suffice.

Q. And is that -- is -- is what you are saying listed anywhere here in particular or is it your impression based on reading this information?

A. It is not my impression. I know what the process was and it states, you know, some of the tools used during the analysis, which means that that's not all inclusive.

Q. All right.

A. They would make sure to do a thorough

investigation. So these would be tools that they used and if they had other tools they needed to use, they would do that.

Q. All right. Do you remember a -- whether there was ever training or discussion of the total scope of the tools that were available to the people analyzing pended orders under this policy?

A. Yeah, these people went through significant training annually.

Q. So as part of that training, do you remember whether the -- the written e-mail evidence that you are talking about was made known to the people being trained as --

MS. LEVY: Object to the form.

BY MR. EGLER:

Q. -- acceptable evidence for removing an order from the pending list?

A. They kept all of the backup documentation with the approval and knew exactly what they needed to have to release an order.

Q. All right. But do you remember whether the training ever included the ability to release an order based on an e-mail representation from an Actavis employee?

A. I -- if you are asking me to recall off the top of my head, I probably can't recall off the top of my head.

Q. In your preparation for the deposition today, did you ever come across a document that said that it was the policy of Actavis that an order could be removed from a pending order list based on an e-mail representation of an Actavis employee?

A. I don't know if we saw anything that specific. I know we reviewed the policies.

Q. And in reviewing of all of the policies that you saw, was there ever a policy that said anything to the effect of that -- affirmatively said anything to the effect that an e-mail from another Actavis employee was all that was required to release an order from the pending list?

A. And are we -- are we talking about Actavis Inc. now or Actavis, Inc.?

Q. Any of the policies that you looked at, whether at Watson, Actavis Inc. or Actavis, Inc.

A. I don't recall.

Q. So you don't recall seeing that one way or the other?

A. I do not.

Q. All right. Do you think that would have been something that would have been written down, if that was specifically affirmatively part of the policy?

A. I think the policy would have stated that backup documentation is required to release any order.

Q. All right. And does it say that the backup -- that backup documentation includes an e-mail representation by another Actavis employee?

A. I don't think it would be that specific. I think it would be specific that all backup documentation is to be attached to the order before releasing.

Q. And as you are sitting here today, do you consider the backup documentation to include an e-mail representation from another Actavis employee?

A. I would say it should be -- I would say any documentation received would be part of that backup documentation. I'm not being specific about what it is because I don't know what they would have received for a particular order.

Q. All right. All right.

So, with regard to this -- with regard to the language that you were just pointing me to on

Pages 8 and 9 of this Exhibit 17, can you turn to Page 7 of this document, and it says: "C-II schedule drugs and SOM blocks."

Do you see that there?

A. I do.

Q. So, with regard to this issue that you're -- that we were just discussing, is this a -- a policy that only applies to Schedule II controlled substance drugs?

A. No. Specifically right underneath it says: "SOMS, Suspicious Order Monitoring System (of Control Drug Substances)."

Q. So on the -- the line there that says No. 9, the C-II scheduled drugs, how does that limit, if at all, the -- the language that's listed below?

A. It doesn't.

Q. All right. So why -- do you have a understanding as to why that is listed there as C-II scheduled drugs?

A. I don't know today why it would have been listed that way. I think people sometimes misunderstand that C-III through Vs are, so I think we specifically listed out C-IIs and SOMS blocks, and then listed of controlled substances -- controlled

drug substances so people would not be confused --

Q. Okay.

A. -- that C-IIs are the only drugs.

Q. All right.

All right. You can set this document aside for now and...

All right. Could you look at what's in the compendium that you provided today at Exhibits 15 and 16, and I'm going to ask you a question and then you can look through them.

The -- the question is: Can you tell me the -- the difference between the two documents, 15 and 16? And as you are doing that, I'm going to read into the record, it's Allergan_MDL_06 -- I'm sorry -- 01684748 through 4752. And then 16 is All -- Allergan_MDL_01979834 through 9838.

And before you start answering it, I'm just going to make for the record that 15 and 16 are part of the compendium of exhibits that's marked as 25.

Okay. Go ahead.

A. So, I'll -- I'll help you with this to the best of my ability. This is Actavis Inc.

Q. So when you say it's Actavis Inc., this is

pre Watson merger Actavis, is that right?

A. You are correct.

Q. All right. Go ahead.

A. So the first policy that ends in 748 is the Bates number that says: "Direct customers sales SOP."

Q. Uh-huh.

A. So this is related to customers that were purchasing direct from Actavis Inc.

And then the second Bates number that ends in 834, that policy is related to indirect customer purchases, meaning they were not a direct customer of Actavis.

Q. And when you use that term or the document uses that term, "indirect customer sales," what does that mean in the context of your work?

A. To help you explain it -- to help explain it to you, that would be the know your customer's customer.

Q. Okay.

A. It is the downstream customer who the wholesaler or distributor sells to, somebody that directly purchased it from us.

Q. Okay. On this Exhibit 16 on what's marked

as Page 3 of 5, No. 836, under Paragraph 6 it states: "Identification of Customer Pool."

Do you see that there?

A. I'm sorry. What paragraph, 3...?

Q. Paragraph 6.

A. Okay.

Q. It states --

A. Uh-huh.

Q. -- "A quarterly analysis of direct customers buying C-II car" -- "narcotics will be performed to identify a direct wholesalers and" --

A. Uh-huh.

Q. -- "distributors that will be monitored by this SOP."

A. Uh-huh.

Q. "Any direct wholesaler or distributor that purchases a quantity of 50,000 units or greater on an annual basis of C-II car" -- "narcotics will need to be monitored poor" -- "per this SOP for their indirect customer purchases."

A. Um-hum.

Q. Do you remember whether pre Actavis merger Watson had a similar policy as to this?

A. I do not.

Q. Okay. You don't remember one way or the other?

A. I do not remember that there was a policy like this because the 867 data was used as one of the tools to evaluate the orders at the time they pended, not -- not on a monthly basis.

Q. All right. And when you say the 867 data was used when an order pended, that's -- you're referring to something that happened at Watson pre Actavis merger, is that right?

A. That's correct.

Q. All right. And there is no separate monthly analysis of any customer-customer data that you can think of at Watson, is that right?

A. Well, it wouldn't have been needed because this is saying that they were doing this quarterly, and what I'm stating is at Watson if the 867 data was available, they would just do it right at that time.

Q. I'm -- I'm sorry. Right at what time?

A. At the time the order pended.

Q. Okay.

A. So if you remember the policy we just reviewed, under that list of some of the tools used -- I'll take one step back.

So when we talked about the ValueCentric data prior and I had mentioned that the ValueCentric data was comprised of this 867 data --

Q. Uh-huh.

A. -- in the Watson world and Actavis, Inc. world, the 867 data, which is used for ValueCentric, was one of the tools that was used. If it was available from a customer, that was one of the tools used to evaluate a pended order. So when an order would pend, you could evaluate it right at the time.

Q. Okay.

A. In the Actavis Inc. world, this was their process and a quarterly -- they did a quarterly analysis, which is a good process, they did a quarterly analysis, it says right here, they identified the wholesalers, anybody that sold over 50,000 units or greater on an annual basis, they took those customers quarterly and they did an analysis. I'm not sure this system was called Q4biz or a comparable program, and that was how they identified the pool of customers that they were going to use to -- to -- to evaluate indirect data.

Q. All right. And the -- the next paragraph down states:

"Indirect customers buying from multiple sources." That's Paragraph 7.1.

Do you see that there?

A. I do.

Q. And it says:

"Monthly analysis should be performed using the Valuetrack 'Safe and Secure' Module, or a comparable program, to monitor for pharmacies or other individual stores buying Actavis controlled substances of the same product from more than one sale" -- "wholesaler or distributor during a two-week period."

Do you remember whether Watson had a comparable policy to that?

A. So that's, again, what the -- the 867 data provides, right, is to go and see, to -- to look at the data and to see if that particular -- is -- is to look and to see if that product was being bought -- purchased via multiple wholesalers for that customer.

Q. And would the analysis that you are thinking of at Watson take place only after an order pended, is that fair to say?

A. Well, that's the point, right, so if an order pended, that would be part of the investigation. Tom Napoli's group also did a -- I believe, we can

con -- confirm with him, I think it was a monthly evaluation of chargeback data. And in their monthly review of chargeback data, they were also able to try and analyze similar data, but that's kind of after the fact.

So there was two things that we were doing. If 867 data was available, we would try to catch it that way. And also monthly he was doing a chargeback analysis of data as well.

Q. So this 7.1 paragraph that I just read, the -- are -- are you aware whether -- well, I think you had said before that post merger Watson did not adopt the Safe and Secure data that Actavis had subscribed to, is that right?

A. What I said was that we didn't adapt that because we had other tools that we used and we didn't adapt Safe and Secure because we used something else.

Q. All right. And do you remember when Watson started looking at the chargeback data that you just mentioned in an analysis of its customers' customers?

A. I would say shortly after the acquisition, probably right around this time that this was completed.

Q. All right. And this is year-end 2013?
A. Not year-end --
Q. Or, I'm sorry --
A. -- about February of 2013, so I think it was right around the same time or maybe slightly before this, 2012, 2013.
Q. Okay.
A. I'm not exact on the date, but I know it is somewhere around that time period.
Q. All right. I'm going to hand you what we'll mark as, I think Exhibit 29.

(WHEREUPON, a certain document was marked Allergan 30(b)(6) - Woods Deposition Exhibit No. 29, for identification, as of 01/09/2019.)

BY MR. EGLER:
Q. And, again, the -- hold on. Let me finish one thing, do the other.

So, Exhibit 29 is an e-mail chain that attaches a document and we provided the family, as the documents are called, that we found. And for the record, I'll read in, it is Allergan_MDL_ --
A. Uh-huh.
Q. -- 02146297 through 6311.

And can you look at this document and look at the, what appears to me to be the first attachment of the document that starts on Page 46301 and tell me if you've seen that before. I -- and I think that document goes to 46307.

A. So this is a controlled substance compliance policy, so I don't know when this was published, but it is a controlled substance compliance policy.

Q. All right. So from the context of this document anywhere, and what -- I'm talking about this attachment that starts on Page 301 and goes to 307, can you tell me from the context whether this appears to you to be post Watson/Allergan merger?

A. This printed copy is post the merger because of the logo.

Q. And then --

A. But --

MS. LEVY: Just for you, Tom, and the witness, this is in the binder 25.

MR. EGLER: Okay. Great.

MS. LEVY: It is at Tab 18.

MR. EGLER: Okay. Again, we looked -- looked for this but had not found it. Tab 18, all right.

BY THE WITNESS:

A. Well, let me just read through this more because I see a lot of things in here that were in place prior to the Actavis acquisition.

MR. EGLER: Sorry. That's my fault. I don't think I gave it to you to look at.

BY MR. EGLER:

Q. All right. So this is -- I handed you a Document 29, and as your counsel just said, the attachment, the first attachment to Exhibit 29 also appears as Exhibit 18 in the compendium that you gave us.

A. I mean, a lot of this is things that we were doing prior to the Actavis acquisition.

Q. So can you look at what's marked as Page 6 of 7 of the attachment, first attachment to Exhibit 29, it's Page 6306 Bates stamp number, and it states under 6.7, Data Analytics.

Do you see that there?

A. Um-hum, I do.

Q. And it says:

"On a monthly basis, CS compliance will review chargeback data" --

A. Uh-huh.

Q. -- "for key products with the objective of ensuring that pharmacy level customers are not purchasing excessive quantities of controlled drug products from multiple supplier sources."

Do you see that?

A. I do.

Q. All right. Do you remember when that term first became a part of the combined Watson/Actavis's policy or -- or Watson's policies before that?

A. Well, I want to say it was probably around 2012, 2013 when DEA was pretty gung ho on the fact that they thought chargeback data was a good solution and people tried to start incorporating the use of that. So I think that our DEA compliance team wanted to try and do some an -- analysis to see if that would be a useful tool.

Q. All right. And do you remember whether they continued to do this until the Allergan group no longer had a suspicious order monitoring policy?

A. I wouldn't know that they stopped.

Q. Okay.

A. I wouldn't have expected them to, so I think that's a question for Tom.

Q. All right. And with regard to the

chargeback data, what's your impression of what that refers to, the chargeback data?

A. Chargeback data is used when there is a contract at the wholesaler. So we have a -- we have a contract with the customer for a particular price, they buy the product through the wholesaler at wholesale acquisition cost, it's the difference between the two products and then there is a chargeback to the wholesaler for the difference in the two prices.

Q. And then what is chargeback data?

A. It's the -- the data is the data that comes back into our company to -- by the person that submitted the chargeback. So we can see the -- the name of the wholesaler, the information on the company and the units.

Q. So the -- the --

A. That's the chargeback data.

Q. You used the word "by," and you meant b-y, right, not b-u-y, you said "the data by"?

A. Yes, "the data by" --

Q. Okay.

A. -- submitted by the wholesaler, b-y, by the wholesaler for purchases.

Q. All right. And would the chargeback data be data --

(WHEREUPON, there was a short interruption.)

BY MR. EGLER:

Q. All right. So the chargeback data is data that is about sales that Actavis made to a wholesaler or distributor, is that right?

A. Not exactly. It's -- it's sales that the wholesalers made and they are asking us for a charge -- they are asking us to pay them the difference between the contract price set up in their system. So you are Walgreens and we have a contract price with you, but you purchase your product through ABC. So ABC has you set up in their system and the price that you are buying it -- the price that we are selling it to you for is $5, but ABC is buying it to us for $6.50 at wholesale acquisition costs. So we have to make ABC whole because you just now purchased it through them for $5 because you have a contract price with us.

Q. Uh-huh.

A. So ABC submits a data feed to us and says, Here is my chargeback data, you owe me a dollar 50 for

every unit that Walgreens purchased.

Q. Right.

A. That's chargeback data.

Q. So that the scope of what would be contained in the chargeback data that we are talking about would always be limited to the -- the scope of the pills that were part of an order fulfilled by Actavis to an end user?

A. Yes, but I believe it's submitted by the DEA number, yes.

Q. When you say "submitted by a DEA number," what does that mean?

A. When the chargeback data comes in, I think it is by DEA number.

Q. Whose DEA number, are you talking about the --

A. The --

Q. Sorry. When you say "DEA number" --

A. The wholesaler's customer ship to DEA number, the end user's DEA number.

Q. All right.

So is a DEA number something that an individual who is prescribed drugs would have or a pharmacy or something else? I just don't -- I'm

not --

A. Every DEA registrant has a DEA number.

Q. Oh, okay.

So it would be, for example, a pharmacy that had a DEA registry?

A. Correct.

Q. All right. All right.

All right. You can set that aside.

MS. LEVY: What's our time on the record?

THE VIDEOGRAPHER: We have been going for about an hour right now. The total time... Three hours, 25 minutes.

MR. EGLER: All right. Let's take a quick break, all right?

THE WITNESS: Tom, do you want these documents back?

MR. EGLER: Just set them there.

THE WITNESS: Okay.

MR. EGLER: Everything gets picked up by the court reporter.

THE WITNESS: Okay.

MR. EGLER: And then it will all disappear into something I never see and reappear on my computer at some point, so...

THE VIDEOGRAPHER: The time is approximately 1:55 p.m. and we are going off the record.

(WHEREUPON, a recess was had from 1:55 to 2:09 p.m.)

THE VIDEOGRAPHER: We are back on the record. The time is approximately 2:09 p.m.

BY MR. EGLER:

Q. Ms. Woods, thanks for coming back.

Could you look again at Exhibit 27, the big document that you have in front of you. And under Topic, the Exhibit 27 says:

"Identifications" -- "Identification of your policies and procedures concerning your duties under the CSA or state and local laws and regulations concerning the diversion of opioids as well as persons or committees tasked with detecting diversion of opioids, or suspicious orders, whether the position's compensation was based, in whole or in part, on levels of controlled substances or opioid products."

And today we have been talking pretty much exclusively about suspicious order monitoring.

A. Uh-huh.

Q. As you think of it, are there any other policies, other than the suspicious order monitoring

policies, that Watson, Actavis Inc. or -- or Actavis, Inc. had with regard to fighting diversion of opioid prescription drugs?

A. I think everything that I am aware of or we found we have identified and made available on here.

Q. Okay. That -- is the -- is the list of policies and procedures that are there on the first page of Exhibit 27, the compendium of exhibits that's marked as Exhibit 25?

A. I mean, related to the CSA, I believe everything is here, everything under my responsibility, our company's responsibility, under this topic, I -- I think everything that we could possibly find is here.

Q. Okay. All right.

And while you were preparing for the deposition today, did you come to an understanding that other policies existed that you could not find a copy of?

A. We reached out to people outside of our current company, we reached out to the other affiliates to question on anything that might be available. So if there is anything available outside

of our systems, we'd have to rely on affiliate companies to provide that information to you.

Q. Did they provide it to you?

A. We -- I -- we believe everything that you have is everything that's available.

Q. All right.

A. And everything would have been provided to you in advance.

MR. EGLER: All right.

All right. I don't have any further questions. Thank you. And I'll see you again tomorrow.

THE WITNESS: Okay.

MR. EGLER: All right.

THE VIDEOGRAPHER: Any other one, does anyone else have some questions?

The time is approximately 2:12 p.m. This concludes today's portion of the deposition.

(Time Noted: 2:12 p.m.)

FURTHER DEPONENT SAITH NOT.

REPORTER'S CERTIFICATE

I, JULIANA F. ZAJICEK, C.S.R. No. 84-2604, a Certified Shorthand Reporter, do hereby certify:

That previous to the commencement of the examination of the witness herein, the witness was duly sworn to testify the whole truth concerning the matters herein;

That the foregoing deposition transcript was reported stenographically by me, was thereafter reduced to typewriting under my personal direction and constitutes a true record of the testimony given and the proceedings had;

That the said deposition was taken before me at the time and place specified;

That I am not a relative or employee or attorney or counsel, nor a relative or employee of such attorney or counsel for any of the parties hereto, nor interested directly or indirectly in the outcome of this action.

IN WITNESS WHEREOF, I do hereunto set my hand on this 11th day of January, 2019.

JULIANA F. ZAJICEK, Certified Reporter

DEPOSITION ERRATA SHEET

Case Caption: In Re: National Prescription Opiate Litigation

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my Deposition taken in the captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

MARY WOODS

SUBSCRIBED AND SWORN TO
before me this day
of , A.D. 20__.

Notary Public

DEPOSITION ERRATA SHEET

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MARY WOODS

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